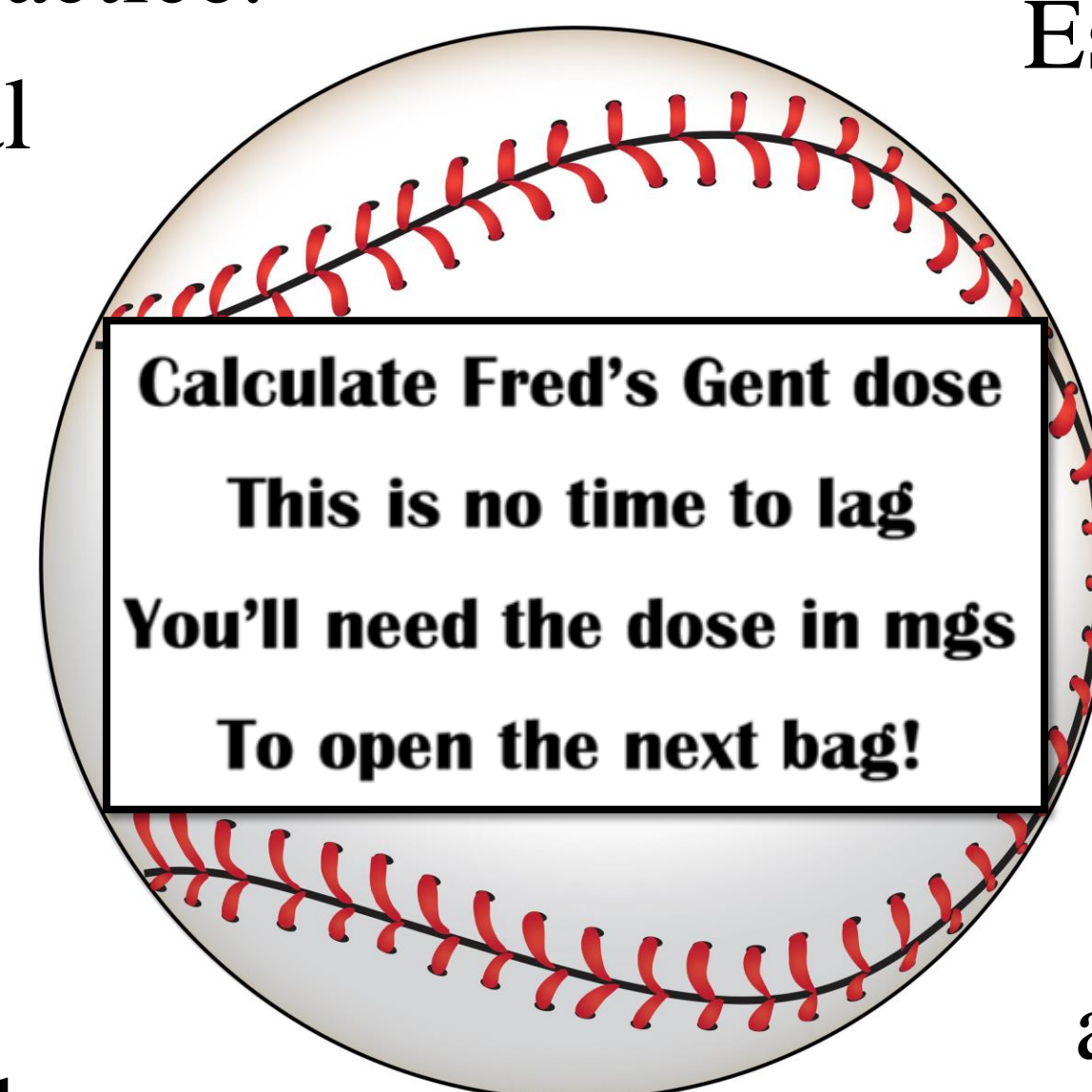


# “Escaping” the Transition to Practice Gap: Using Gamification to Increase Confidence in Newly Graduated RNs

Leah Deaton MSN, RN, NPD-BC, RNC-NIC  
Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION

- Newly-licensed Registered Nurses (RNs) face an ever-widening gap between academia and practice.<sup>1</sup>
- Nurse Education Specialists and Professional Development Coordinators are challenged with designing orientation teaching modalities that are engaging, immersive, meaningful, and reflective of the realities the clinical environment.<sup>1</sup>
- An **Educational Escape Room** during hospital-wide Intensive Care Unit (ICU) RN Orientation provides an opportunity for newly hired graduate nurses to practice a myriad of skills in a risk-free, realistic, and engaging environment.<sup>2,3</sup>



## PROJECT METHODS

- To ensure intervention outcomes aligned with clinical site strategic goals and safety initiatives, Escape Room leaning objectives were identified in collaboration with clinical site stakeholders in Clinical Education and Quality and Safety departments.
- Go Live: June 2021 for all newly graduated RNs hired in the ICUs.
- Eighty-three newly hired nurses attended in 2021. Early successes and learner feedback led to project expansion to include all newly hired RNs at clinical site in January 2022.



## IMPACT ON PRACTICE

- The project's immediate impact included high learner engagement, increased knowledge synthesis and retention, and increased confidence in safe medication administration per the survey results data.
- The Educational Escape Room model can also be adapted and utilized in multiple units and departments for content reinforcement and competency validation.

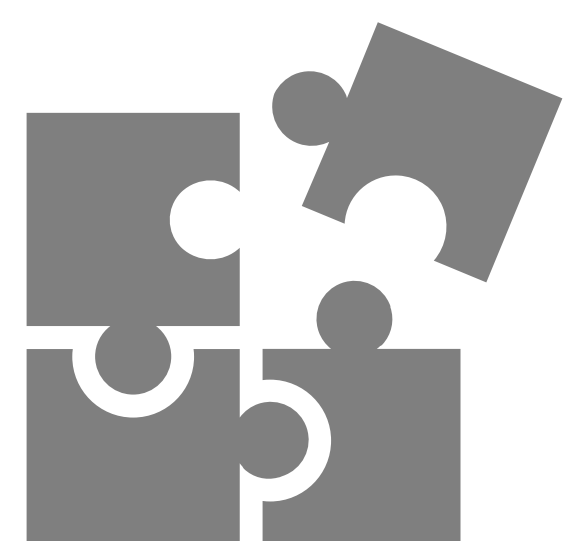
## LITERATURE REVIEW



Newly graduated nurses report feelings of stress, anxiety, rejection, and frustration as they try to reconcile differences in what they learned in school with what they're experiencing in the clinical arena.<sup>4</sup>



Today's learners value creative multimodal education opportunities that engage them with active-learning strategies in psychologically safe environments and require them to collaborate with others.<sup>1,3</sup>



In Educational Escape Rooms, learners must recall and build upon previously-acquired knowledge to complete tasks and puzzles to meet learning objectives in an immersive learning environment.<sup>3</sup>



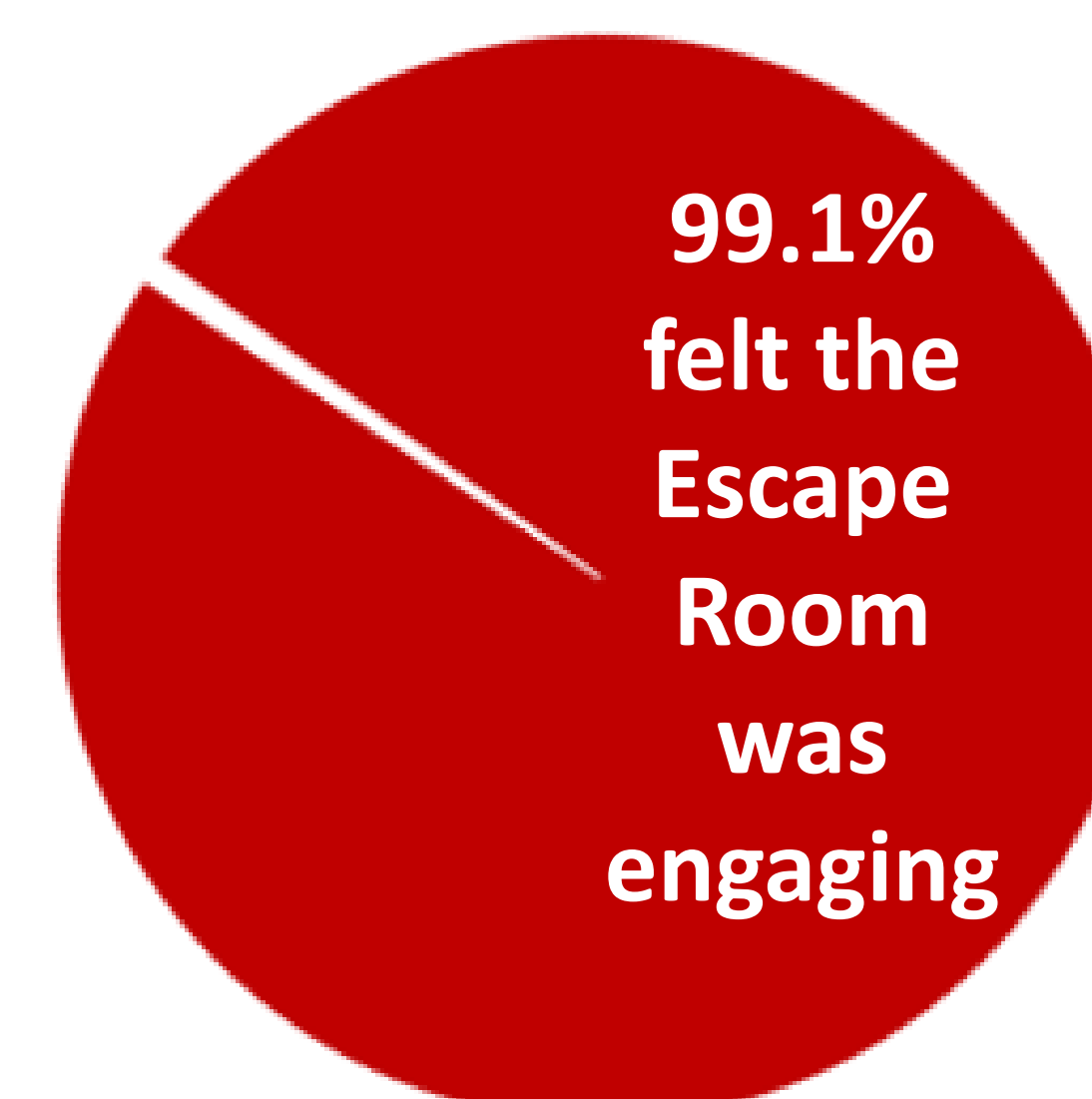
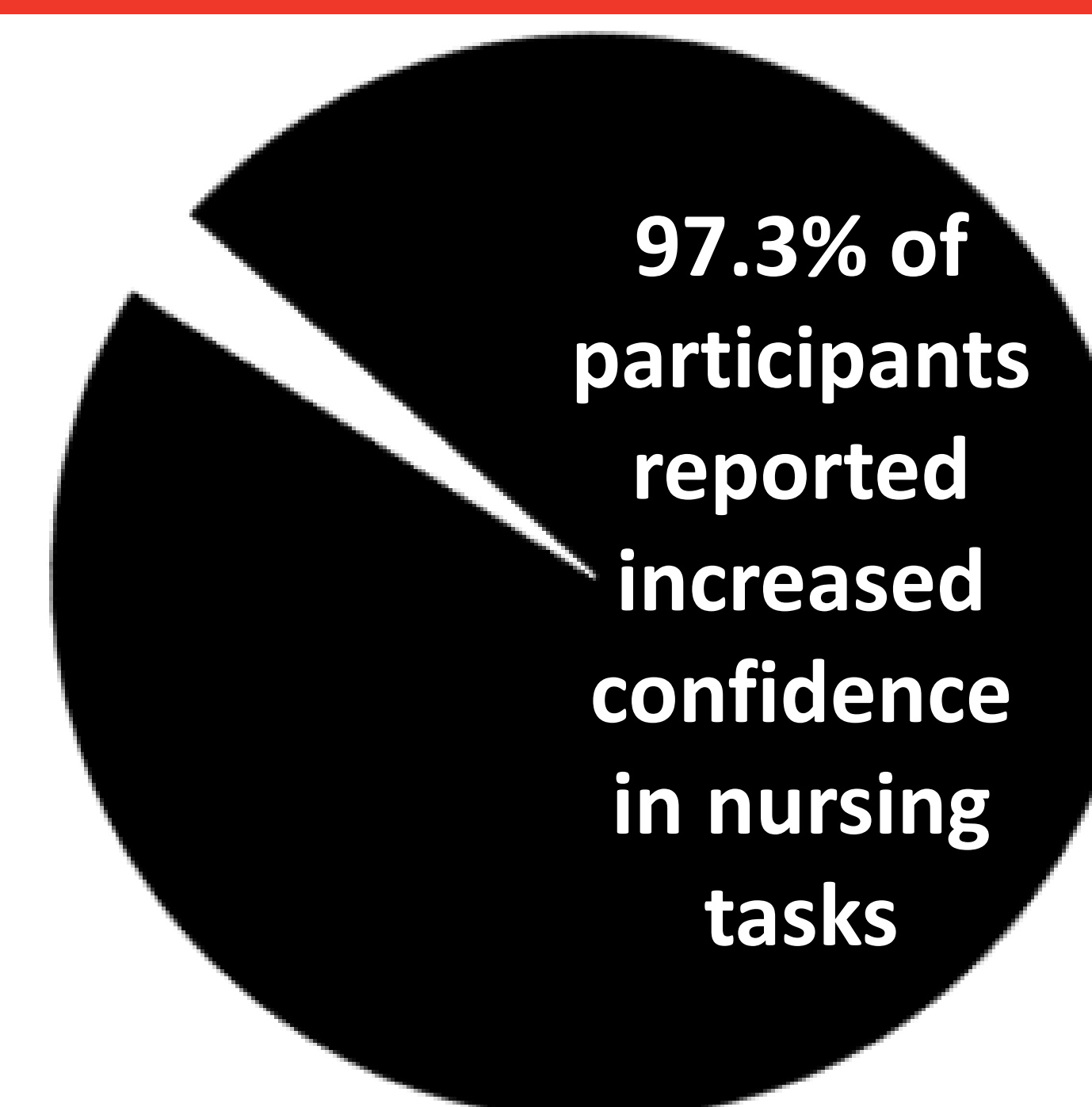
Educational Escape Rooms increase new grad confidence by driving meaningful connection-making between theory and practice and fostering communication and time management skills.<sup>3</sup>

## EVALUATION

“I loved this activity!  
Such a fun way to reinforce everything we've already learned and practice skills in a fast-paced manner, much like it would be in a critical care situation.”

“It was fun and interactive and great for hands on learning! Great idea!”

“This station was probably my favorite. It's a great way to learn hands on while making it engaging. 10/10 recommend!”



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## CONCLUSIONS

The data gleaned from the post-Escape Room survey indicates that the intervention was highly engaging and supported newly licensed nurses' confidence in medication administration as they transition from academia into practice.

More research is required to better understand Educational Escape Rooms, gamification, and other active-learning strategies' impact on patient outcomes, new hire confidence, and job satisfaction.

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More references are available upon request.



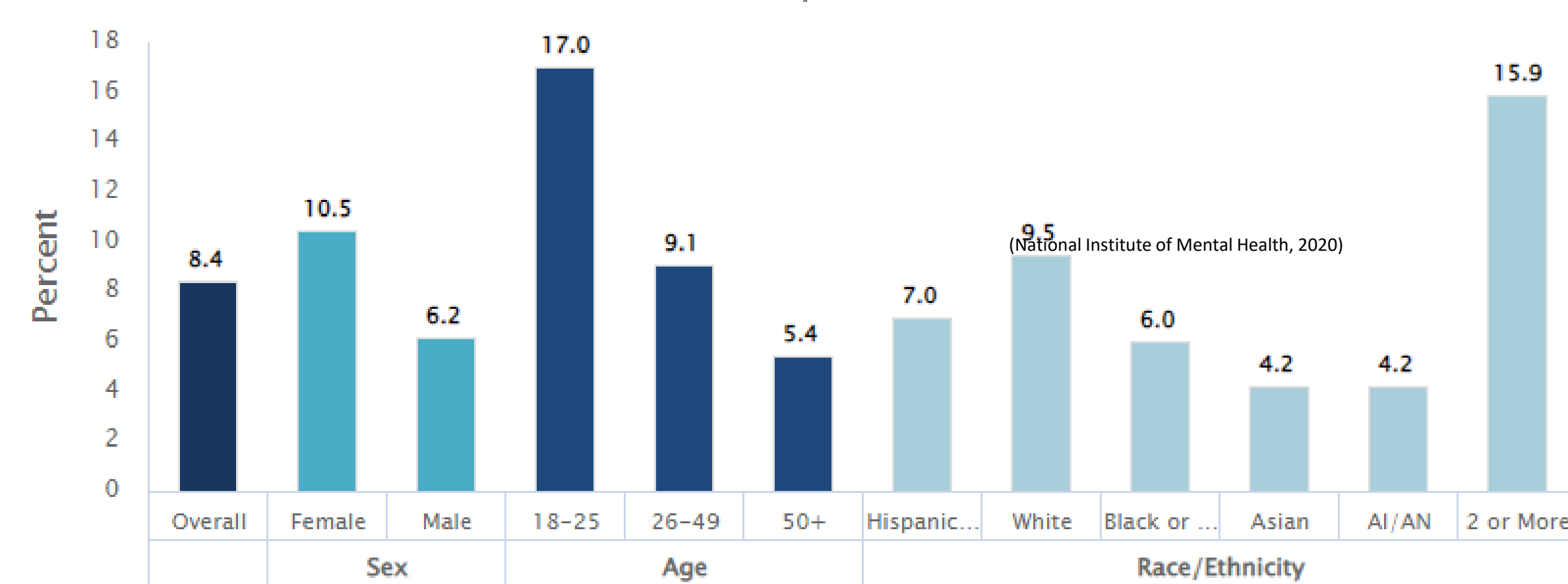
# Implementation of the PHQ-2 Screening Tool in a Telemedicine Practice

Joanna Luong, MSN, FNP-C  
Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION

- An estimated 21.0 million adults in the United States has had at least one major depressive episode (NIMH, 2020).
- An estimated 4.1 million adolescents from ages 12-17 have had at least on major depressive episode (NIMH, 2020).

Past Year Prevalence of Major Depressive Episode Among U.S. Adults (2020)  
Data Courtesy of SAMHSA



(National Institute of Mental Health, 2020)

- The **aim** of this project was to identify and evaluate gaps in depression treatment in a telemedicine setting.

## LITERATURE REVIEW

- Barriers to mental health treatment continue to be a problem in the United States.
- Primary care clinics are overwhelmed with limited resources for mental health patients.
- Telemedicine not widely used prior to COVID-19 pandemic in 2020. Many medical providers had doubts about telepsychology (Salum et. al, 2020).
- COVID-19 changed the conversation of telemedicine, transforming traditional delivery of healthcare.
- Acceptance of telemedicine as a platform can resolve many barriers to mental health care in this country including transportation issues, accessibility, and cost.

### Low intensity interventions

- Smart-phone reminder apps and automated text messages.
- Reminder apps found to be three times more effective for medication adherence (Basit et. al, 2020)

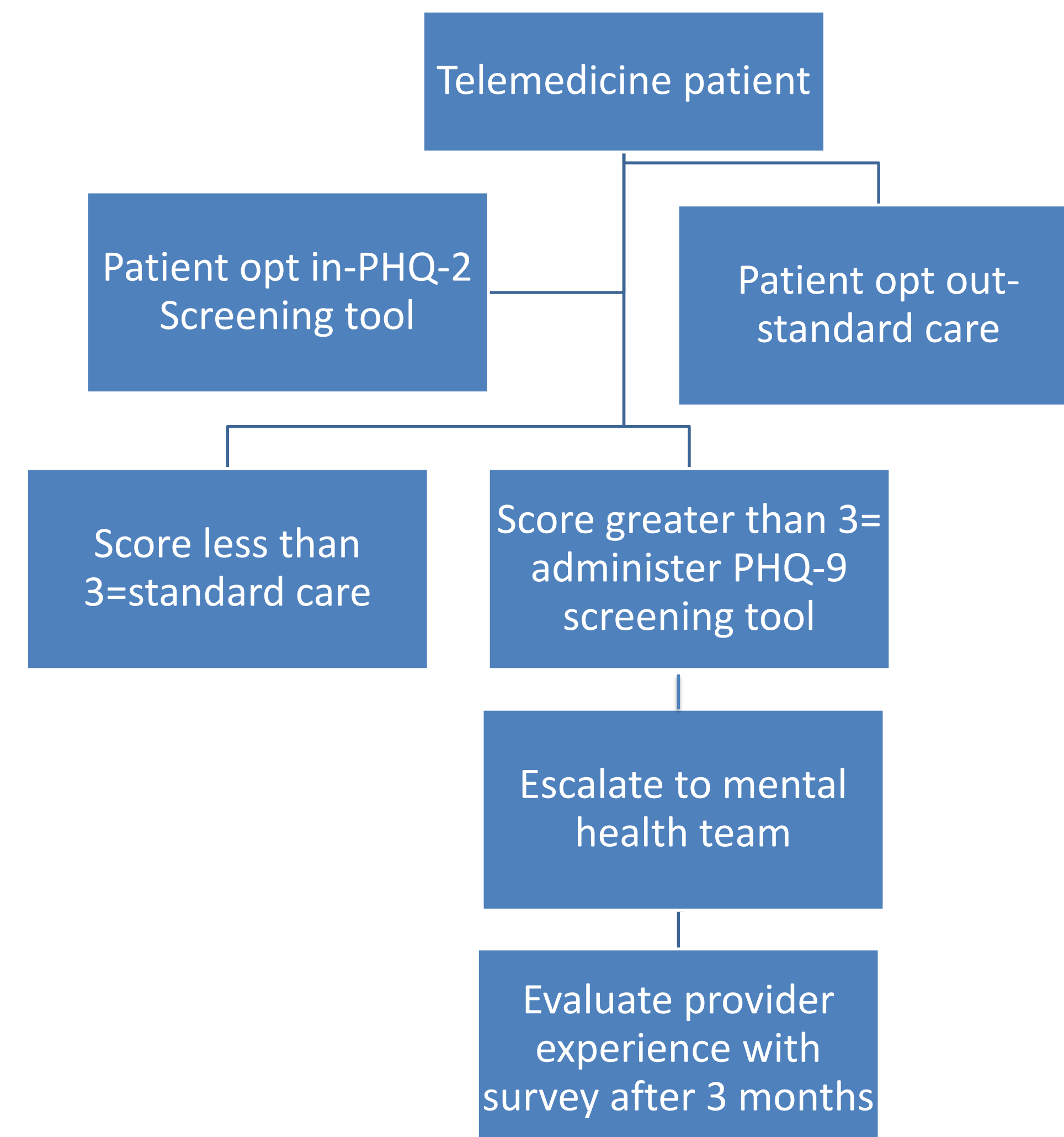
### Medium intensity interventions

- Text messaging, telemonitoring and telephone encounters
- Cost effective, improved patient satisfaction for patient's diagnosed with anxiety, depression and mood disorders (Basit et. al, 2020).

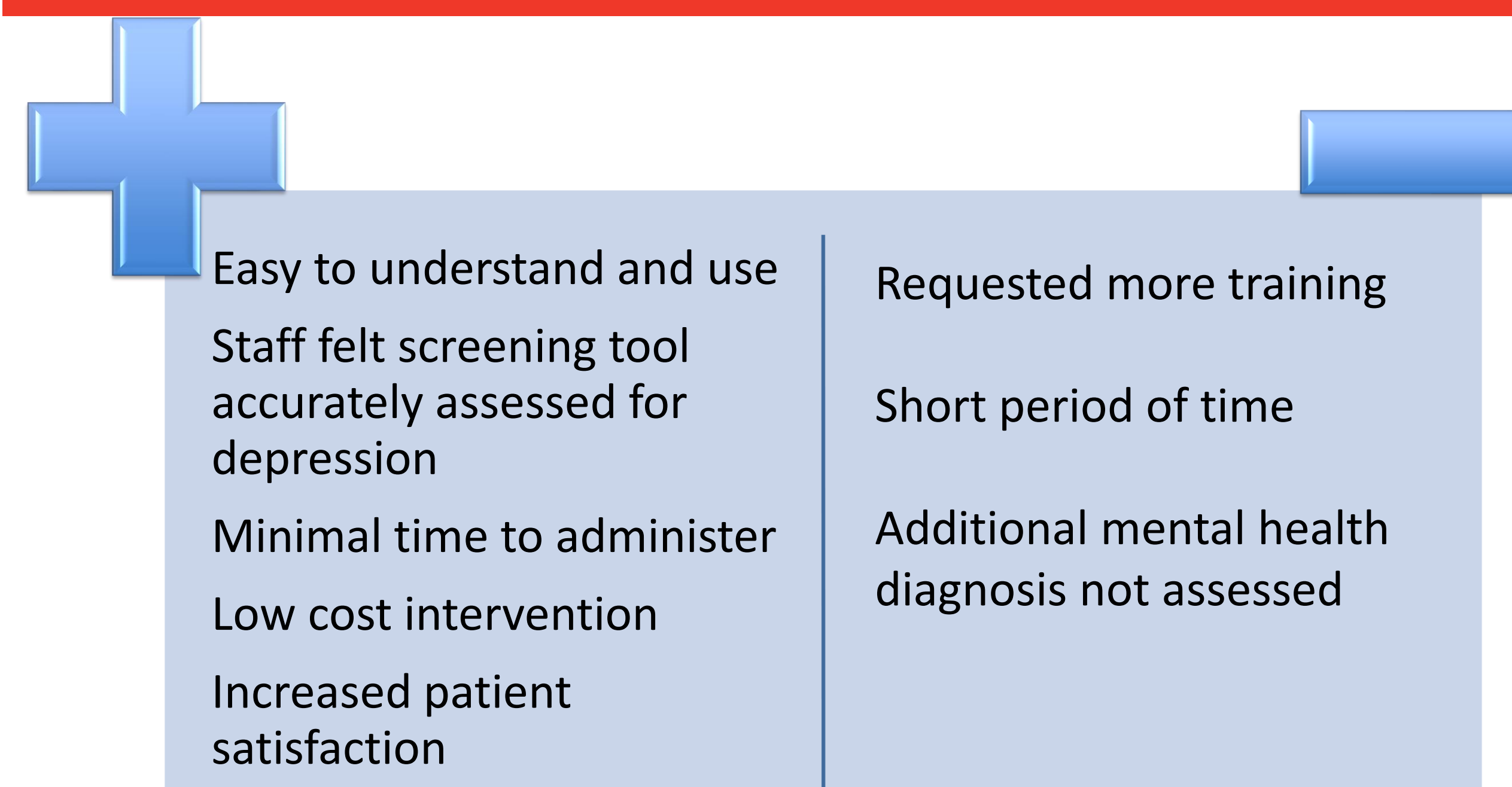
### High intensity interventions

- Collaborative care model
- Most successful with patient outcomes and medication adherence.
- Telephone visits, text messaging and video conferencing. Providers from psychiatric specialties were involved.
- 50% of patients found improvement of depression symptoms (Hilty et. al, 2007)

## PROJECT METHODS



## EVALUATION



- 162 patients were screened using the PHQ-2 depression screening tool
- 18 patients were recorded to have received treatment for depression calling in for other chief complaints
- 24 total patients were treated for depression and anxiety
- Patients were escalated to mental health team and received high intensity interventions

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## IMPACT ON PRACTICE

Pilot program- no established mental health screening process

Extracting positive PHQ-2 screenings and referral for depression treatment otherwise not found on initial visit

Mental health program formed from influx of patients who were treated

Practice now employs three psychiatric nurse practitioners and two social workers to accommodate mental health patients

## CONCLUSIONS

- Telemedicine can be the solution for barriers to mental health.
- PHQ-2 screening tool has been proven to be a simple, low cost assessment for patients who may have utilize the service for a non mental health related concern.
- High intensity interventions with the collaborative care model provides the best patient outcomes
- Pilot project allowed one telemedicine practice to address the need for patients with depression by introducing a mental health team.
- Additional screening tools could be added to address other mental health disorders such as generalize anxiety and mood disorders

## LIMITATIONS

"I wish we had more baseline mental health training".

"I didn't feel comfortable administering the tool without a mental health background"

"There could be a prompt to remind the provider"

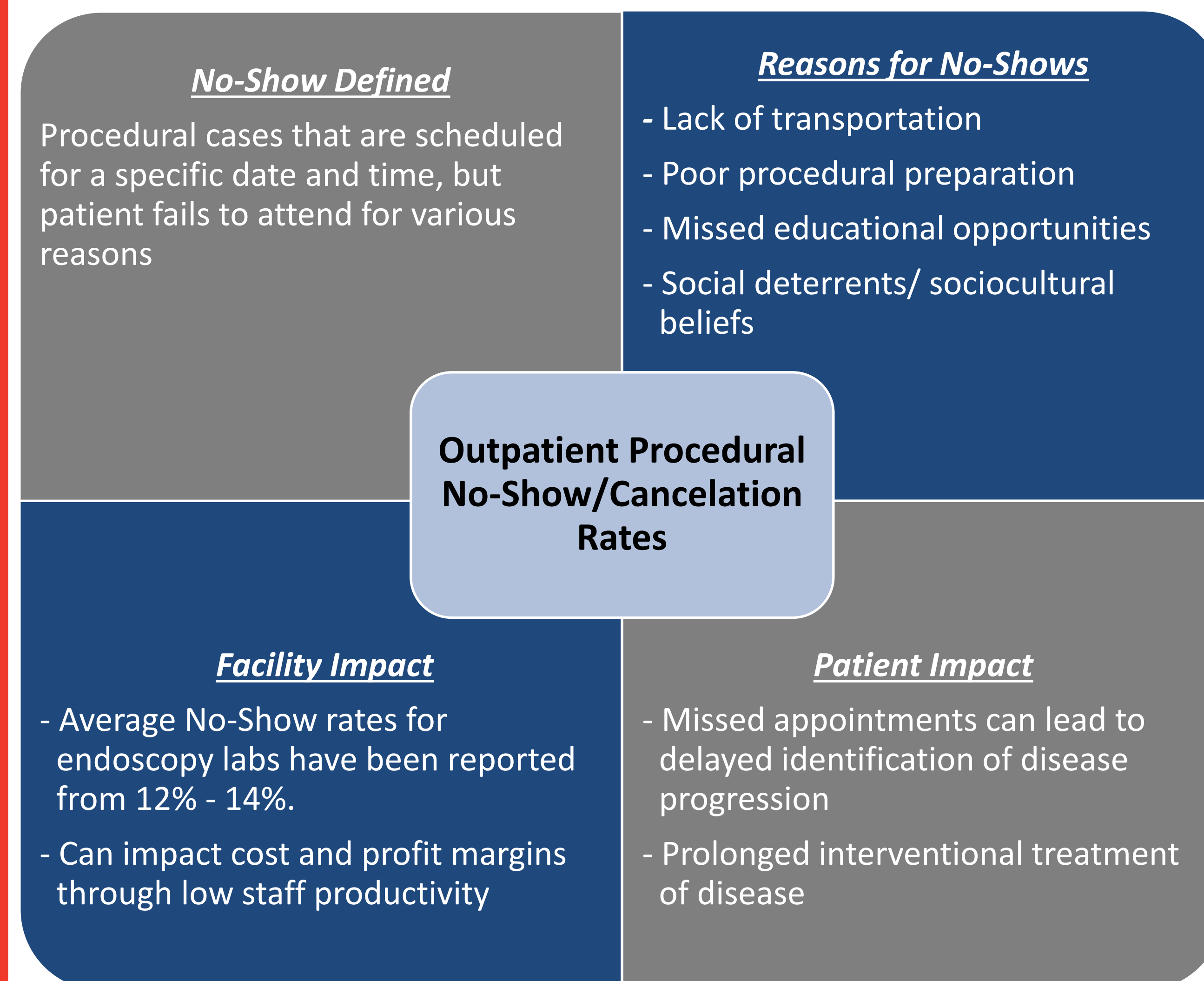
"I wish we had another screening tool for anxiety"



# Decreasing No-Show Rates in an Ambulatory Setting

Mark McAteer RN, BSN, MBA  
Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION



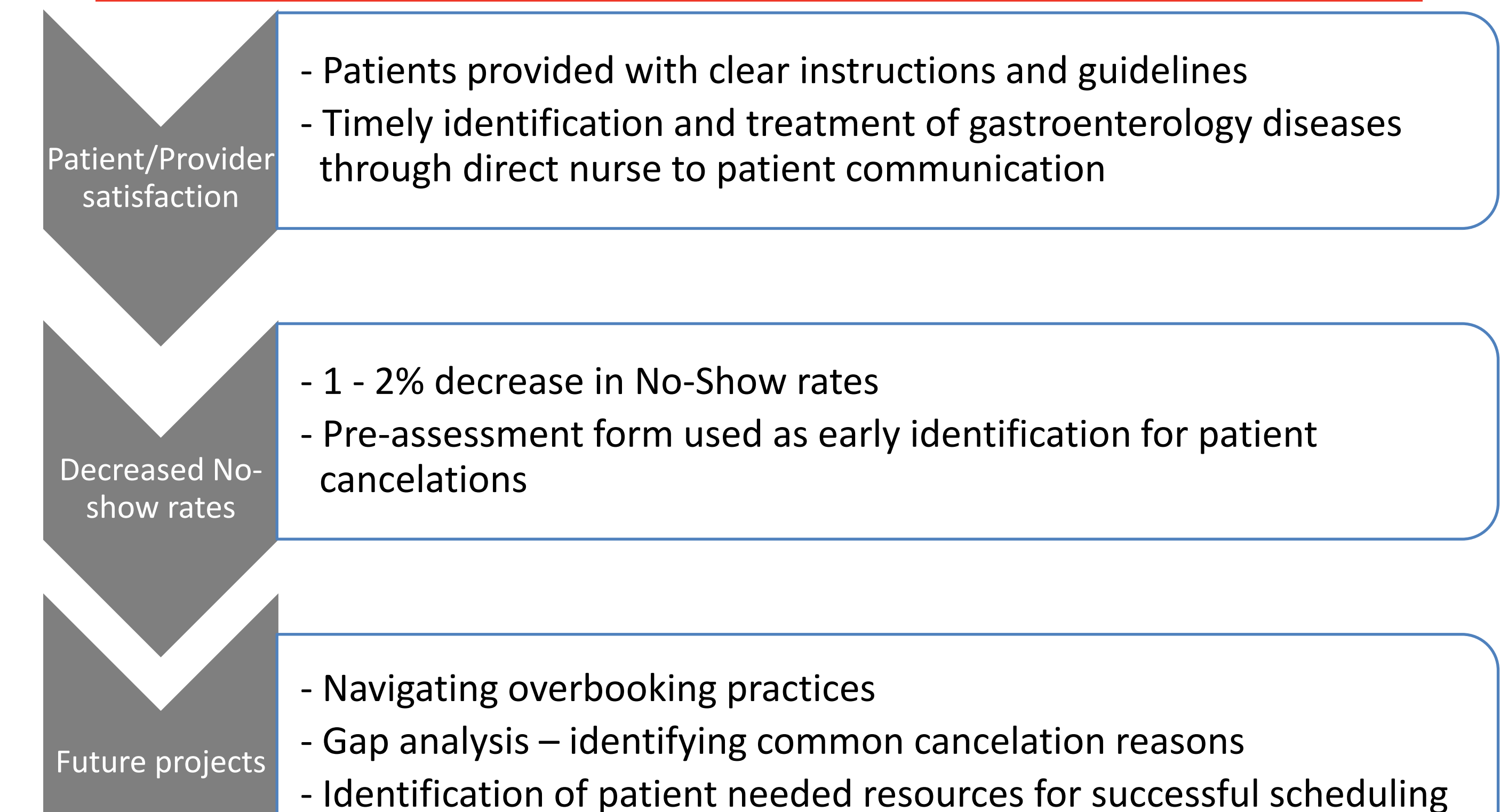
## PROJECT METHODS

- Met with Stakeholders to assess interest and address problem
- Define Cancellation Rate – *Number of cases canceled within a 48-hour period, divided by total number of procedures*

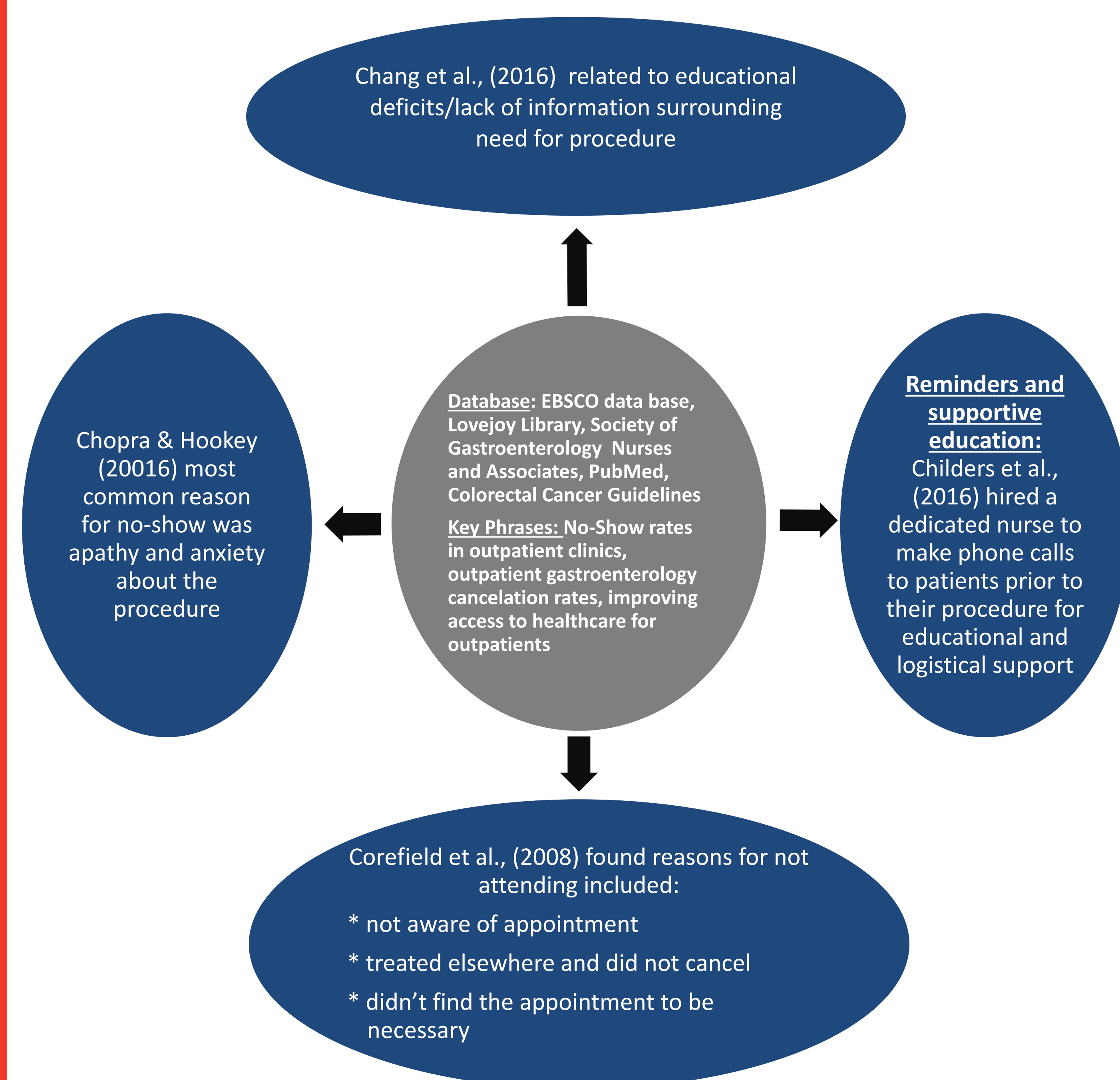
- Obtained Institutional Review Board (IRB) approval
- Develop pre-assessment form through multidisciplinary group of physicians, nurses and schedulers

- Implementation of pre-call form including process change surrounding schedulers contacting every patient
- Post assessment and stakeholder evaluation

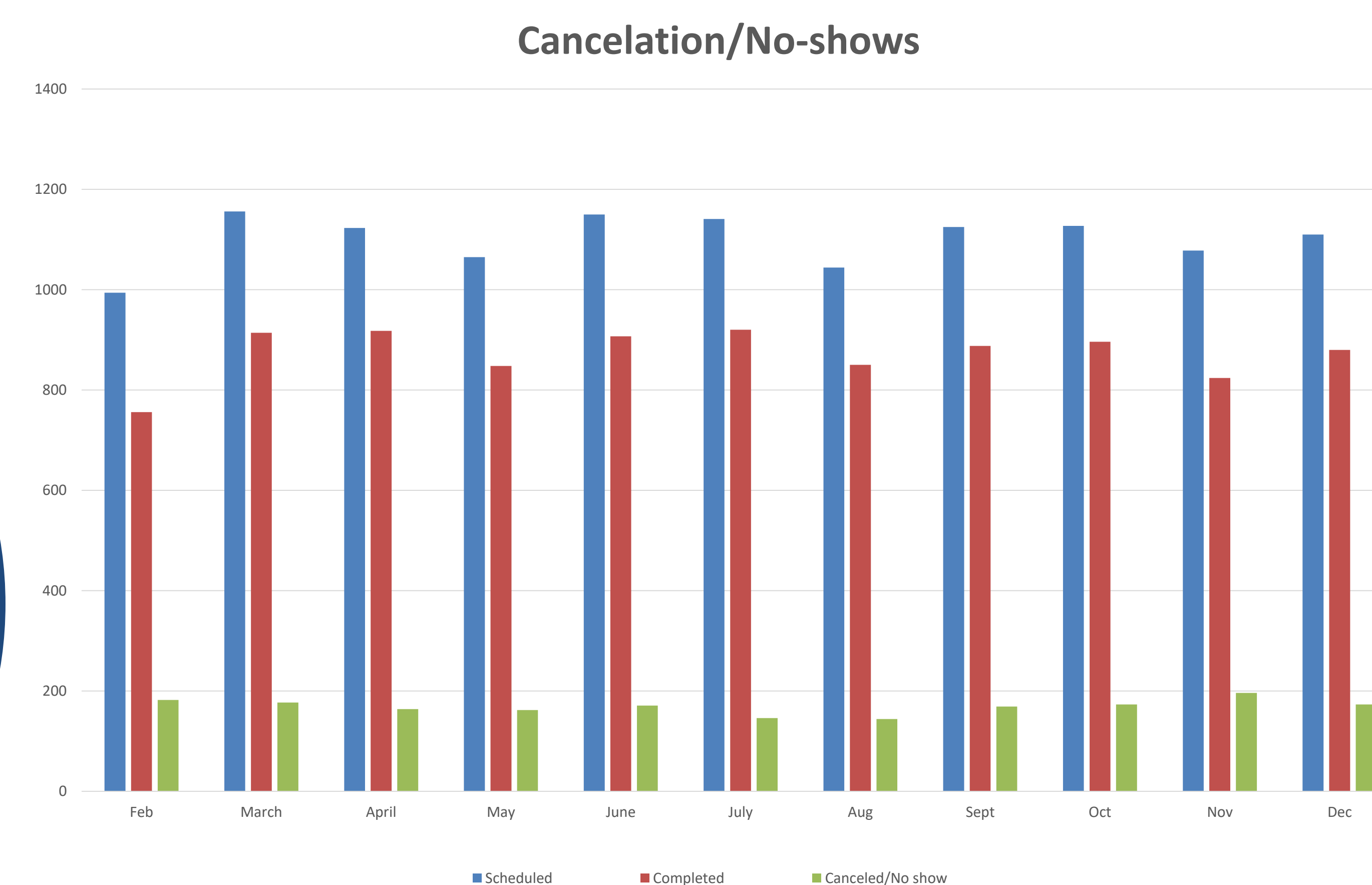
## IMPACT ON PRACTICE



## LITERATURE REVIEW

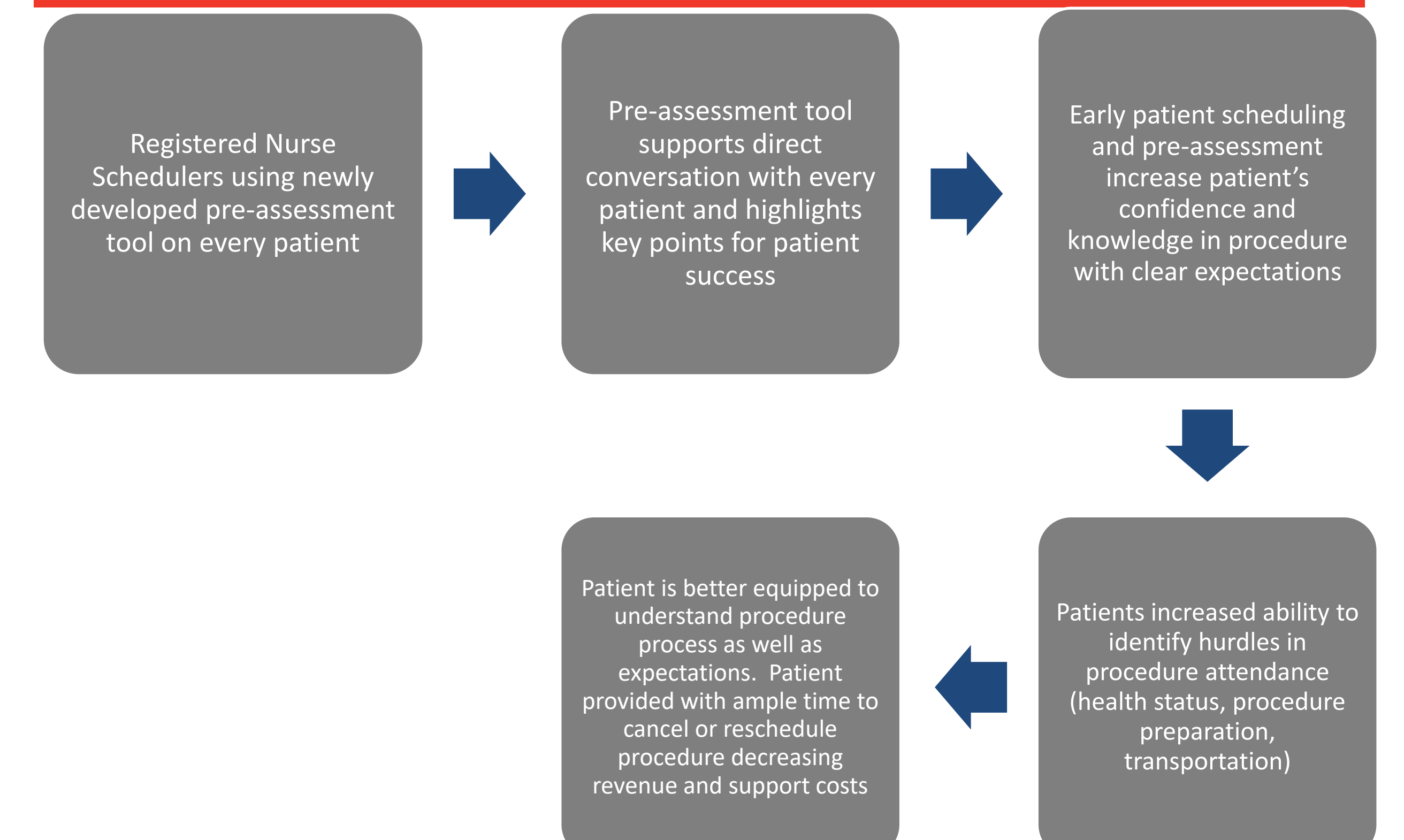


## EVALUATION



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## CONCLUSIONS



## Pre- Assessment Form

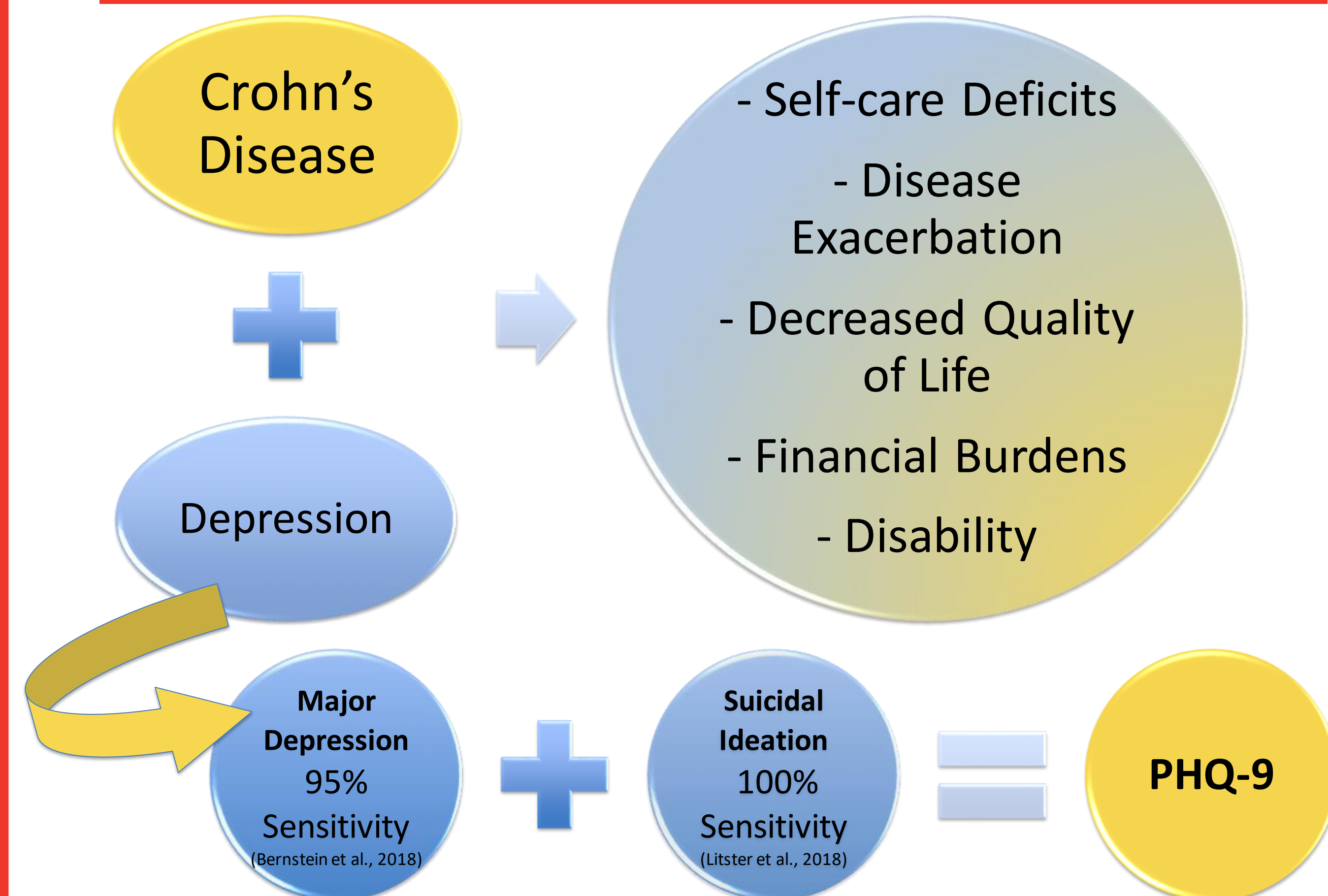
<b>PROCEDURE</b> Type: Indication: Referring Physician: Date Referred: <b>CLINICAL ASSESSMENT</b> <input type="checkbox"/> COVID Screening questions <input type="checkbox"/> BMI>45, Weight >350 lbs BMI Readings from Last 1 Encounters: 05/02/21 30.65 kg/m² Wt Readings from Last 1 Encounters: 05/02/21 78.5 kg (173 lb) <input type="checkbox"/> Patient had GI procedure/CPAP clinic/GI clinic <30 days (If Yes, no medical screening questions needed unless clinical status changed in last 30 days) <b>Medical screening questions:</b> (BMI/Weight:44264::1) (CARDIOVASCULAR:44263::1) (RESPIRATORY/LUNG:44265) (RENAL/LIVER/GI:44266) (BLEEDING/CLOTTING:44268::1) (NEUROLOGICAL:44269::1) (ENDOCRINE:44270::1) (PRIOR PROCEDURE ISSUES:44271::1) (GYN/PREGNANCY:44272::1) (IMPLANTS:44273::1) Notes: <b>DIABETIC MEDS</b> <input type="checkbox"/> NA <input type="checkbox"/> Yes- Discuss diabetes medication management with prescribing physician <b>PACEMAKER/ICD</b> <input type="checkbox"/> NA Device info: Last documented device check: Any shocks since last card visit. (If yes must see cardiology for procedure clearance): <b>BLOOD THINNERS/ANTICOAG/ANTIPLATELET (BESIDES ASA)</b> Medication: (Bloodthinner:44420) Physician contacted for hold order/date sent:	<b>CONTINUE ASPIRIN</b> <b>INFORMATION REQUESTED</b> <input type="checkbox"/> Imaging: <input type="checkbox"/> Medical Progress Note/H&P <input type="checkbox"/> Medication list <input type="checkbox"/> Other: <b>PATIENT OPTIMIZATION</b> <input type="checkbox"/> Physician reviewing escalation: <input type="checkbox"/> CPAP: Date scheduled: Outcome: <input type="checkbox"/> Location limitations: <b>SPECIAL PROCEDURE INSTRUCTIONS</b>  <b>Scheduling</b> Case can be scheduled by (Case Scheduled By (Optional):44278) Scheduling limitations: Interpreter needed <input type="checkbox"/> NA Language: POC <input type="checkbox"/> NA Name: <b>Procedure information</b> Date of procedure: Time of procedure: Arrival time: Location: Precedentist: <b>Instructions</b> Method of instructions: (Method of Instructions:44273::0) <input type="checkbox"/> Confirmation of ride <input type="checkbox"/> Post anesthesia restrictions given <input type="checkbox"/> NPO instructions: <input type="checkbox"/> Diet instructions: <input type="checkbox"/> Take non-blood thinner prescription meds that morning <input type="checkbox"/> Bring med list, photo ID, insurance card, no valuables <b>Bowel Prep</b> Prep prescribed (Bowelprepype 44276) Method of Bowel Prep (RX): (BowelPrepMethod (Optional):44277)
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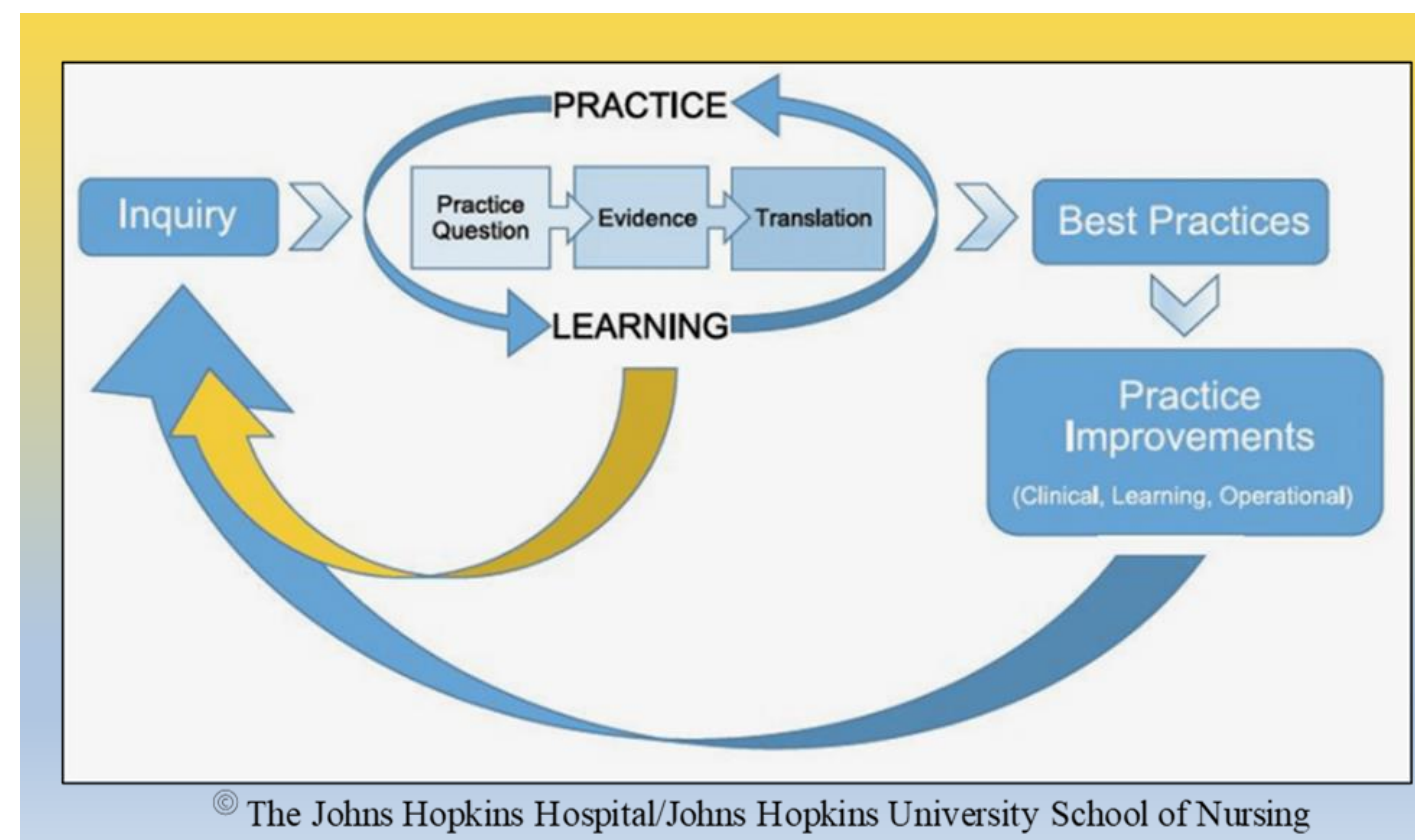
# Implementation of Routine Screening with Patient Health Questionnaire 9 (PHQ-9) of Adults with Crohn's Disease

Jo A Muller MSN, APRN, NP-c, WCC  
Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION



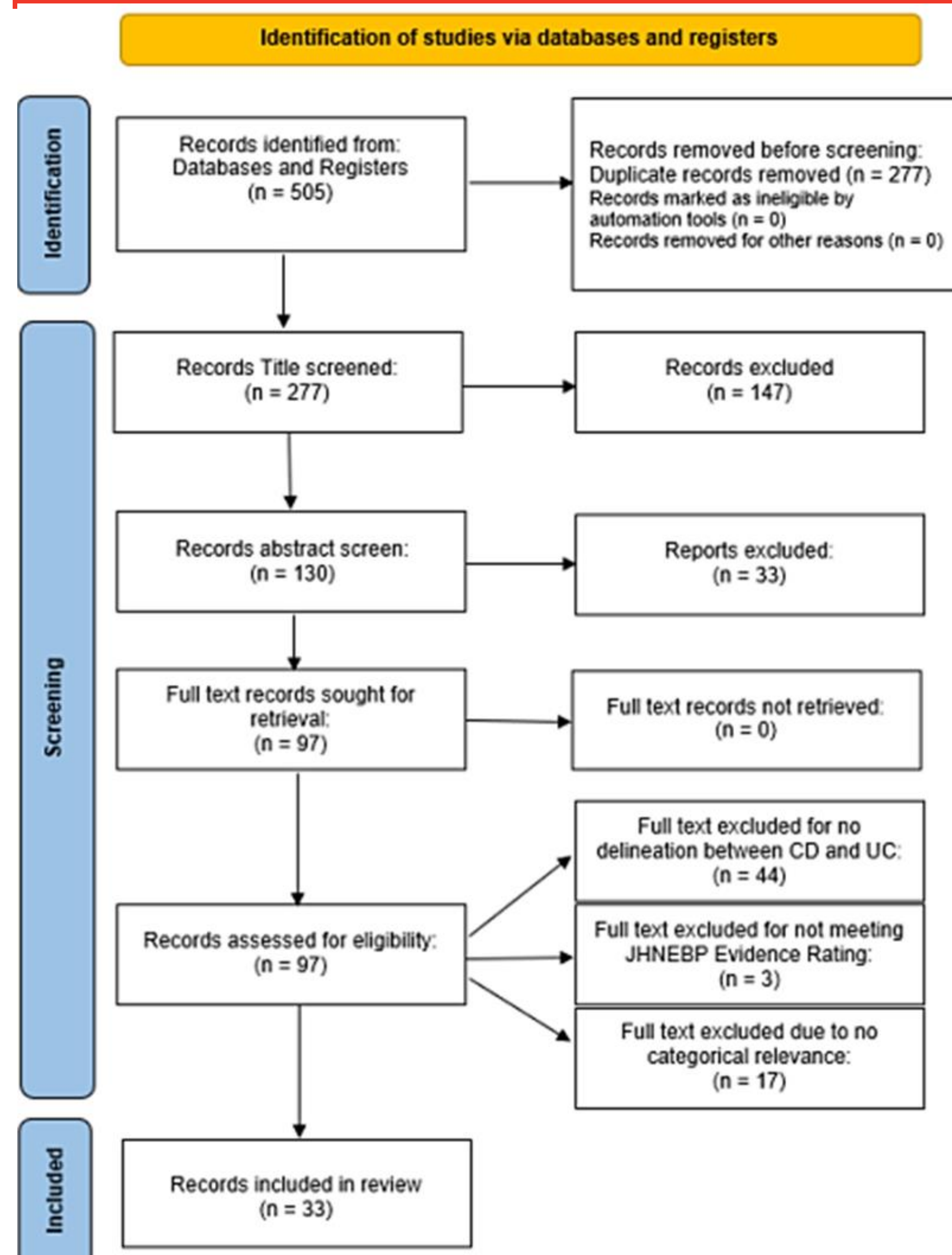
## PROJECT METHODS



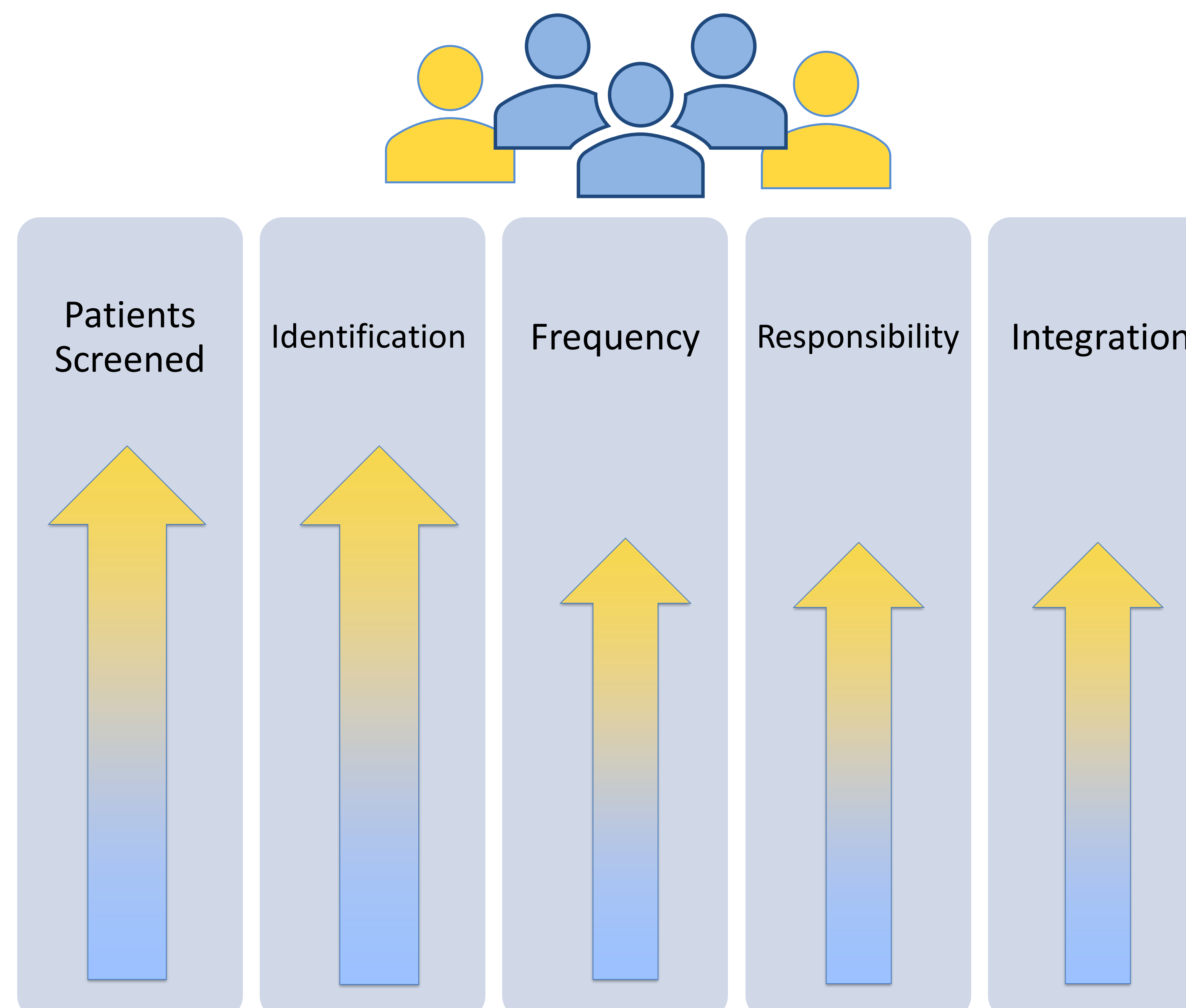
## IMPACT ON PRACTICE

- Approximately 60% never inquired about the impact of disease on emotional state or the workplace; 80% never asked about impact on sexual life (Marín-Jiménez et al., 2017).
- PHQ-9 was identified for future screening. Availability and inclusion in electronic medical record.
- IBD population had an increased frequency of suicide attempts, but only the CD population had increased completed suicides (Ludvigsson et al., 2021).
- Depression occurs at an increased frequency; screening is the responsibility of providers.
- Provider inquiry, psychological treatment should be part of routine care, and a clinical psychologist would be appropriate (Marín-Jiménez et al., 2017).
- Two of three providers plan to continue routine depression screening.

## LITERATURE REVIEW

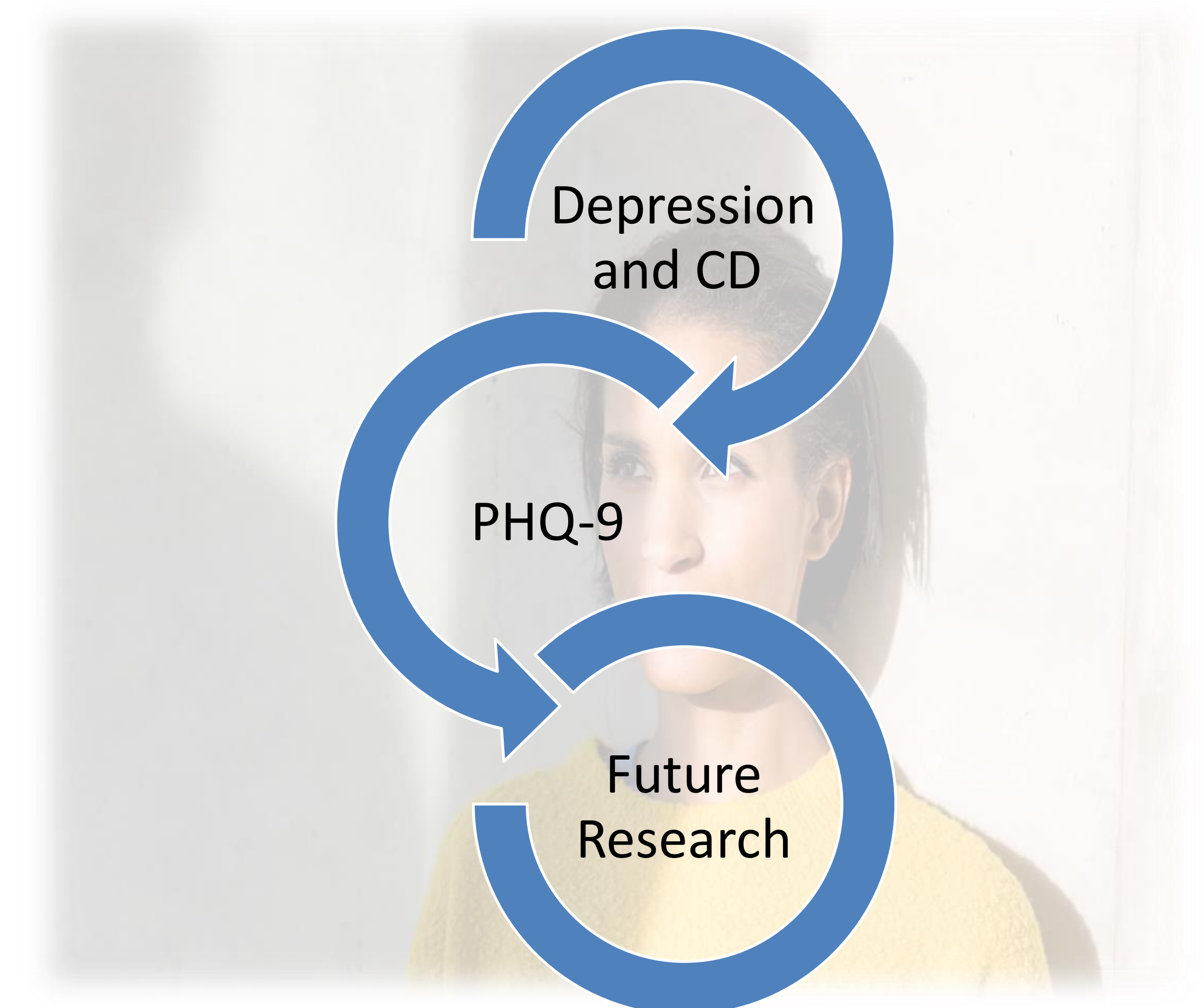


## EVALUATION



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## CONCLUSIONS



## Limitations

Timing, Duration, Population



# The Implementation of a Mental Health Screening Protocol into an Occupational Health Setting

Chandra A. Pierson-Rye, MSN, FNP-BC, PMHNP-DNP student  
Southern Illinois University Edwardsville (SIU-E)

## INTRODUCTION TO THE PROBLEM

Occupational injuries are common and occur regardless of industry

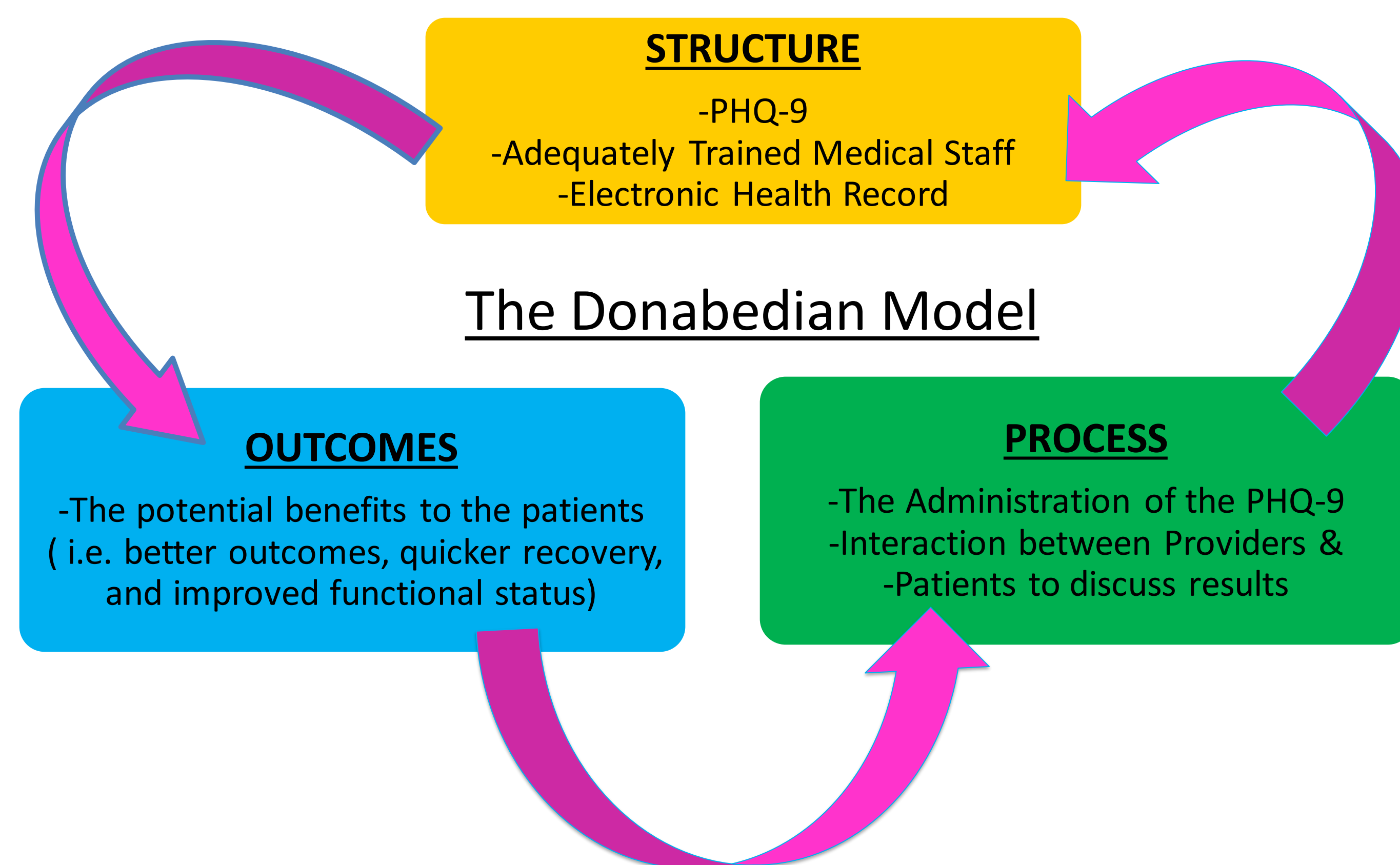
An estimated 317 billion non-fatal occupational injuries and 321,000 fatal occupational injuries occur globally each year

Approximately 151 workers sustaining an occupational injury every 15 seconds

Occupational health patients are rarely screened for depression, leaving a gap in care

The aim of this QI project was to determine if it would be feasible to incorporate the PHQ – 9 to screen for depression in the occupational

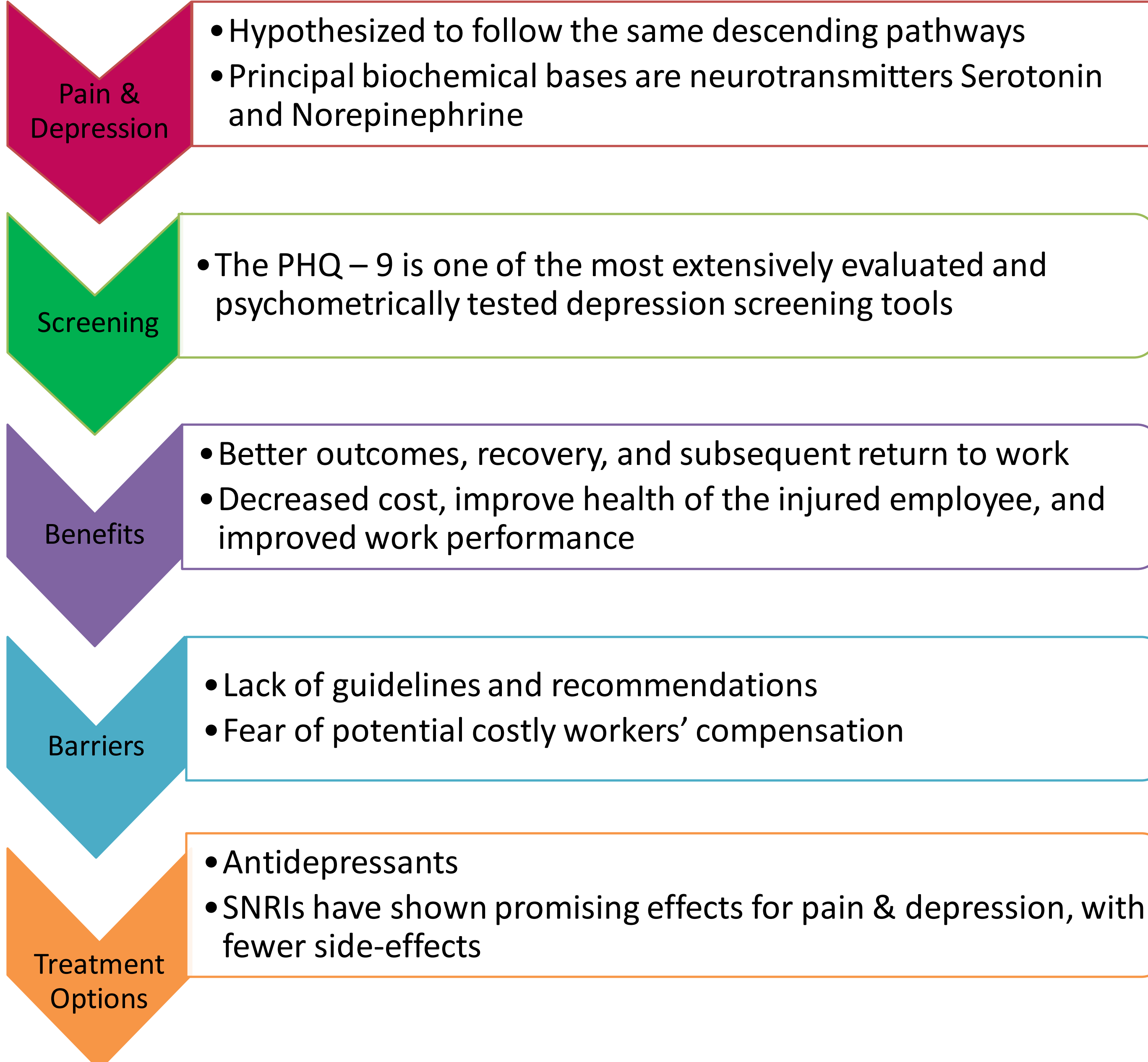
## GUIDING FRAMEWORK



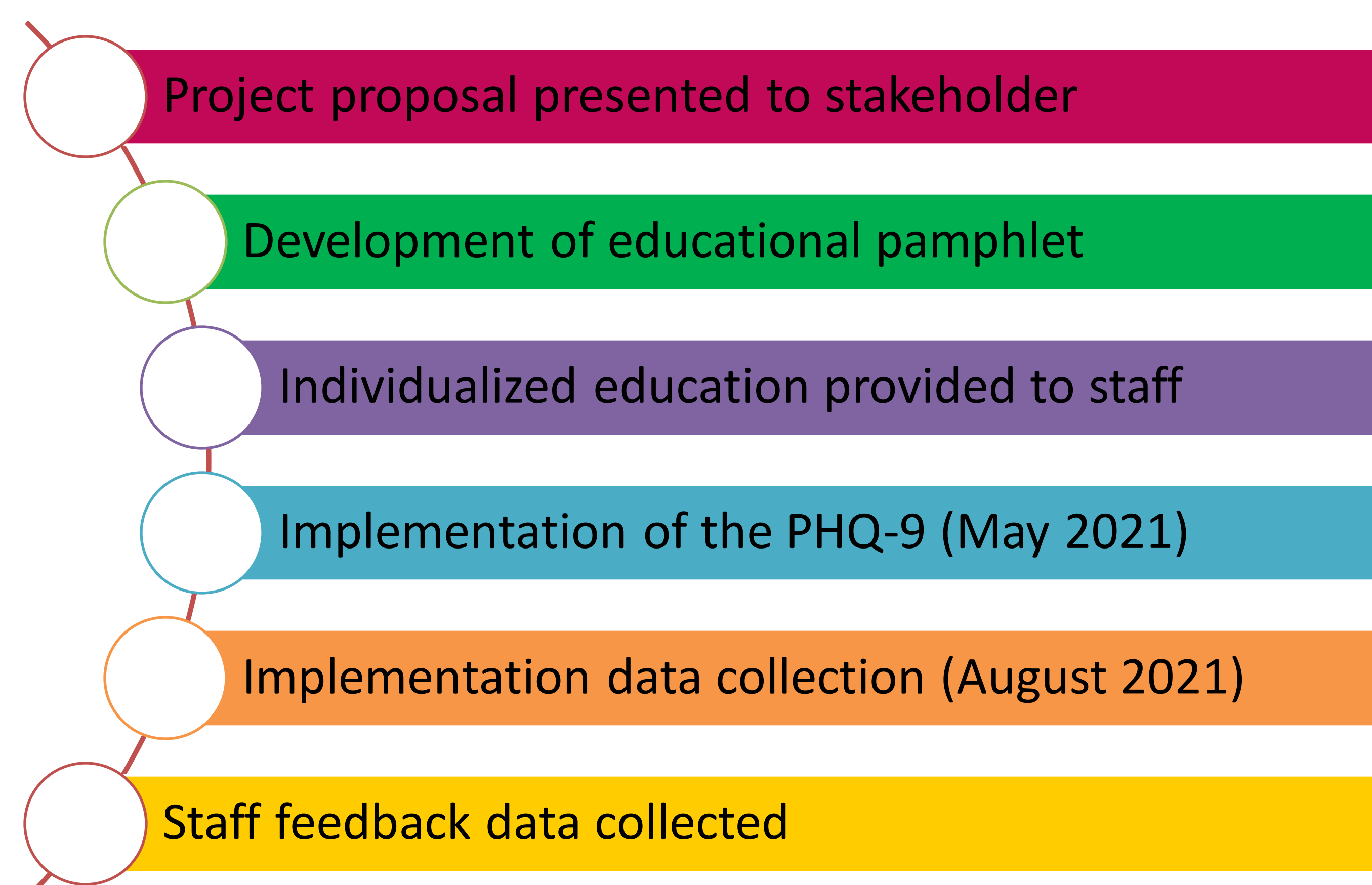
## SCREENING INSTRUMENT

- PHQ - 9**
1. Little interest or pleasure in doing things
  2. Feeling down, depressed, or hopeless
  3. Trouble falling or staying asleep or sleeping too much
  4. Feeling tired or having little energy
  5. Poor appetite or overeating
  6. Feeling bad about yourself, or that you are a failure or having let yourself or your family down
  7. Trouble concentrating on things, such as reading the newspaper or watching television
  8. Moving or speaking so slowly that other people could have noticed. Or the opposite being so fidgety or restless that you have been moving around a lot more than usual
  9. Thoughts that you would be better off dead, or thoughts of hurting yourself

## LITERATURE REVIEW



## METHODS



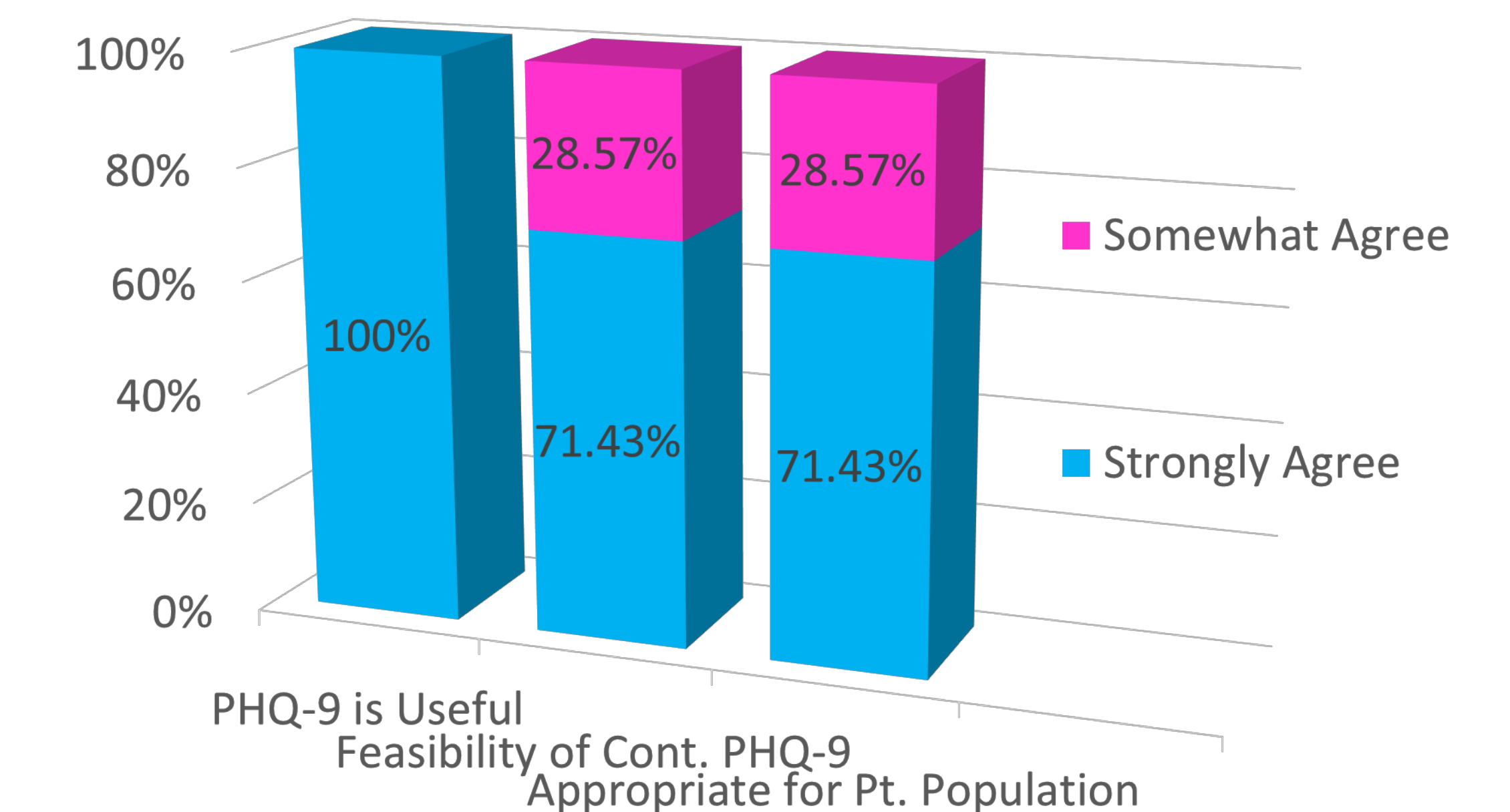
## EVALUATION

### Data on the number of PHQ – 9's Completed

- The six-months prior to Implementation no PHQ – 9's were completed during patient care
- During implementation the PHQ – 9 was utilized in 161 encounters (132 new injuries and 29 follow up visits)

### Data on Staff Response to Using the PHQ – 9

- There was a response rate of 50%



## IMPACT ON PRACTICE

Results suggest it would be feasible to use the PHQ-9

It can be implied the PHQ-9 has positively affected pt. outcomes

Greater understanding & more efficient treatment options

Further research is needed

## CONCLUSIONS

- It is feasible to continue using the PHQ – 9 in occupational health
- A policy will be created, and use will be expanded
- The occupational health community and others involved in the care of injured workers should reasonably anticipate that patients may need to be screening with the PHQ – 9

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# Implementation of Depression Screening in a Nursing Home

Titilayo Raji, FNP

Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION

The CDC reported that 20-25% of the elderly population is affected by depression.

Depression can be masked by co-morbid medical conditions imitating symptoms of depression.

Having routine screening using an appropriate tool allows for prompt treatment to enhance utmost quality of life.

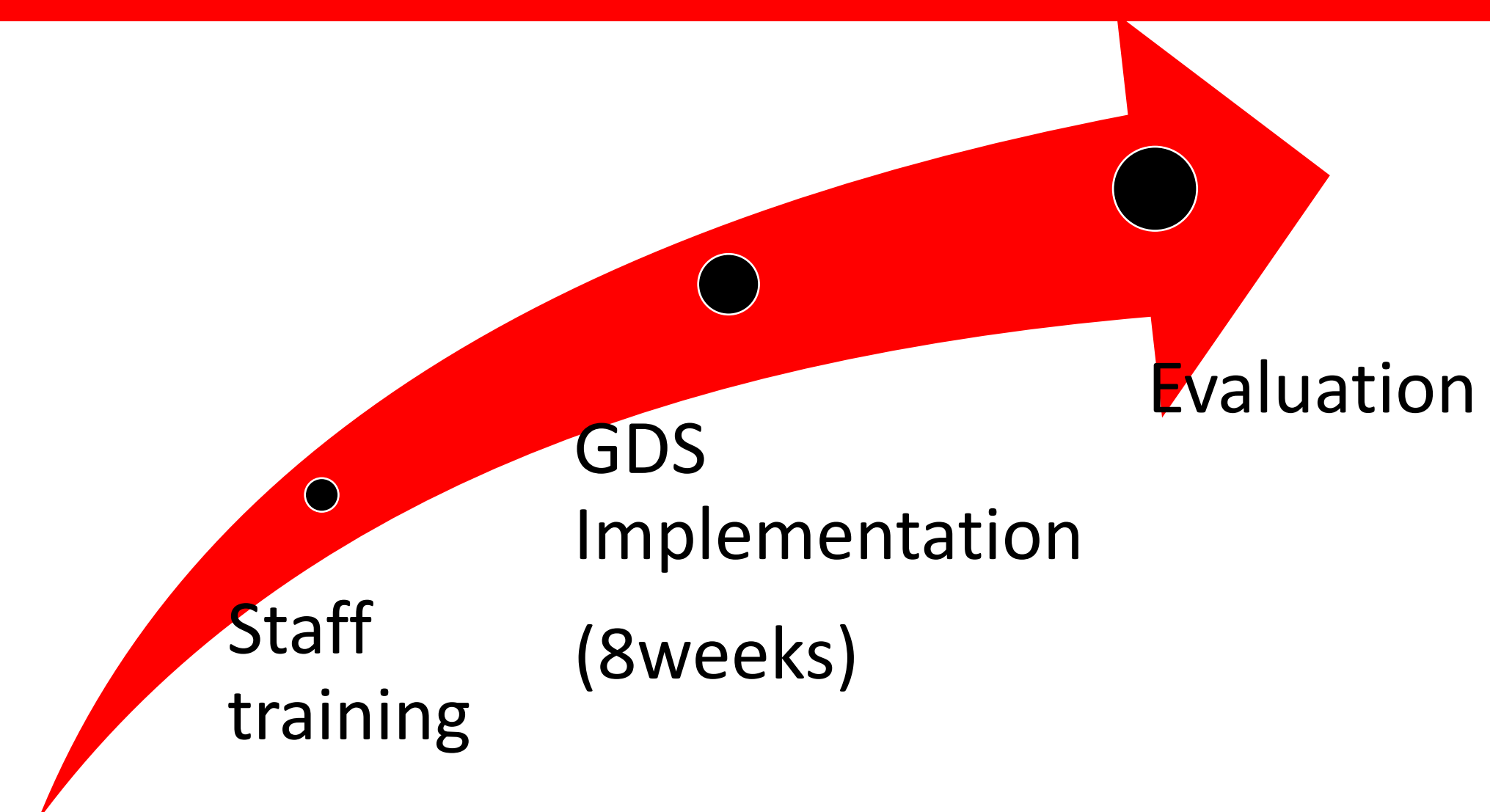
The **aim** of this project is to implement depression screening in a nursing home

## THEORETICAL FRAMEWORK

Normalization Process Theory (NPT) explains the effort needed for successful implementation of innovation in healthcare practice. The 4 components of NPT are:

- Coherence
- Cognitive participation
- Collective Action
- Reflexive Monitoring

## PROJECT METHODS



## INSTRUMENT

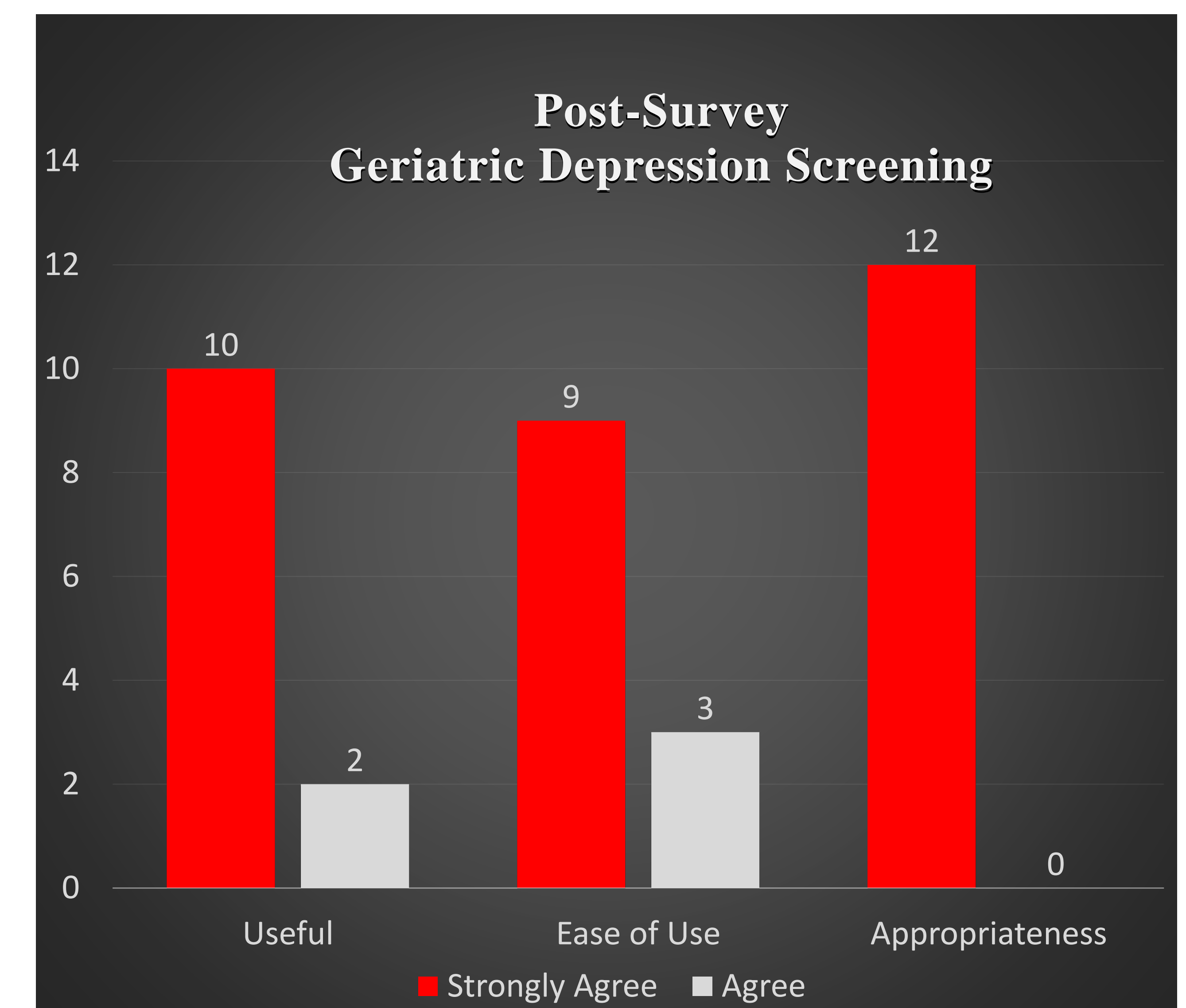
### Geriatric Depression Scale (Short Form)

1. Are you basically satisfied with your life?
2. Have you dropped many of your activities and interests?
3. Do you feel that your life is empty?
4. Do you often get bored?
5. Are you in good spirits most of the time?
6. Are you afraid that something bad is going to happen to you?
7. Do you feel happy most of the time?
8. Do you often feel helpless?
9. Do you prefer to stay at home, rather than going out and doing things?
10. Do you feel that you have more problems with your memory than most?
11. Do you think it is wonderful to be alive now?
12. Do you feel worthless the way you are now?
13. Do you feel full of energy?
14. Do you feel that your situation is hopeless?
15. Do you think that most people are better off than you are?

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## EVALUATION

- 30 patient screening completed
  - 7 positive screenings
- 12 nurses completed the screening
  - Overwhelmingly positive response
- **Strength:** Ease of use, family support
- **Lmitations:** Paper screening, staff turnover



## IMPLICATIONS

- Screening will lead to early treatment intervention
- Early depression treatment will lead to improved quality of life
- Families and staff are accepting of the screening
- Facility implemented routine screening
- Decreased financial cost associated with untreated elderly depression
- Increase nurse and other employee awareness of importance depression screening

## LITERATURE REVIEW

Database Search: CINAHL, MEDLINE Complete, PubMed, and Cochrane Database of Systemic Reviews.

Publication Dates: 2016- 2021

Depression in Institutionalized Older Adults

Risk of Suicide in the Elderly

Benefits of Depression Screening

Barriers to Depression Screening

Geriatric Depression Screening Tool: Uses, benefit, specificity

Depression Screening Tools



# Community Health Worker Intervention to Improve HbA1c in Adult Diabetic Patients

Megan Wojtko, MSN, FNP-BC  
Southern Illinois University Edwardsville

## PROBLEM INTRODUCTION

### Community Health Centers (CHC) Care for the Medically Underserved

- Often with multiple social determinants of health and barriers to care
- Higher rates of Type 2 Diabetes (T2DM) across communities of color contributing to worsened health outcomes

### Barriers to Diabetes Management

- Accessing care, lack of transportation, housing and food insecurity, costs of medications, and low literacy/knowledge
- Limited times during visit for providers to educate and address barriers

### Northeast CHC with High Rate of Uncontrolled T2DM

- A Community Health Worker (CHW) led intervention was developed to help supplement the primary care visit and improve the hemoglobin a1c (HbA1c) in patients with uncontrolled T2DM

## PROJECT METHODS

Align project with known organizational problem and strategic goal to engage stakeholders

Review of literature to identify common barriers and effectiveness of CHW led interventions

Development of intervention within existing staffing structure in Population Health Department

Provide CHWs additional training and educational material for their new job function

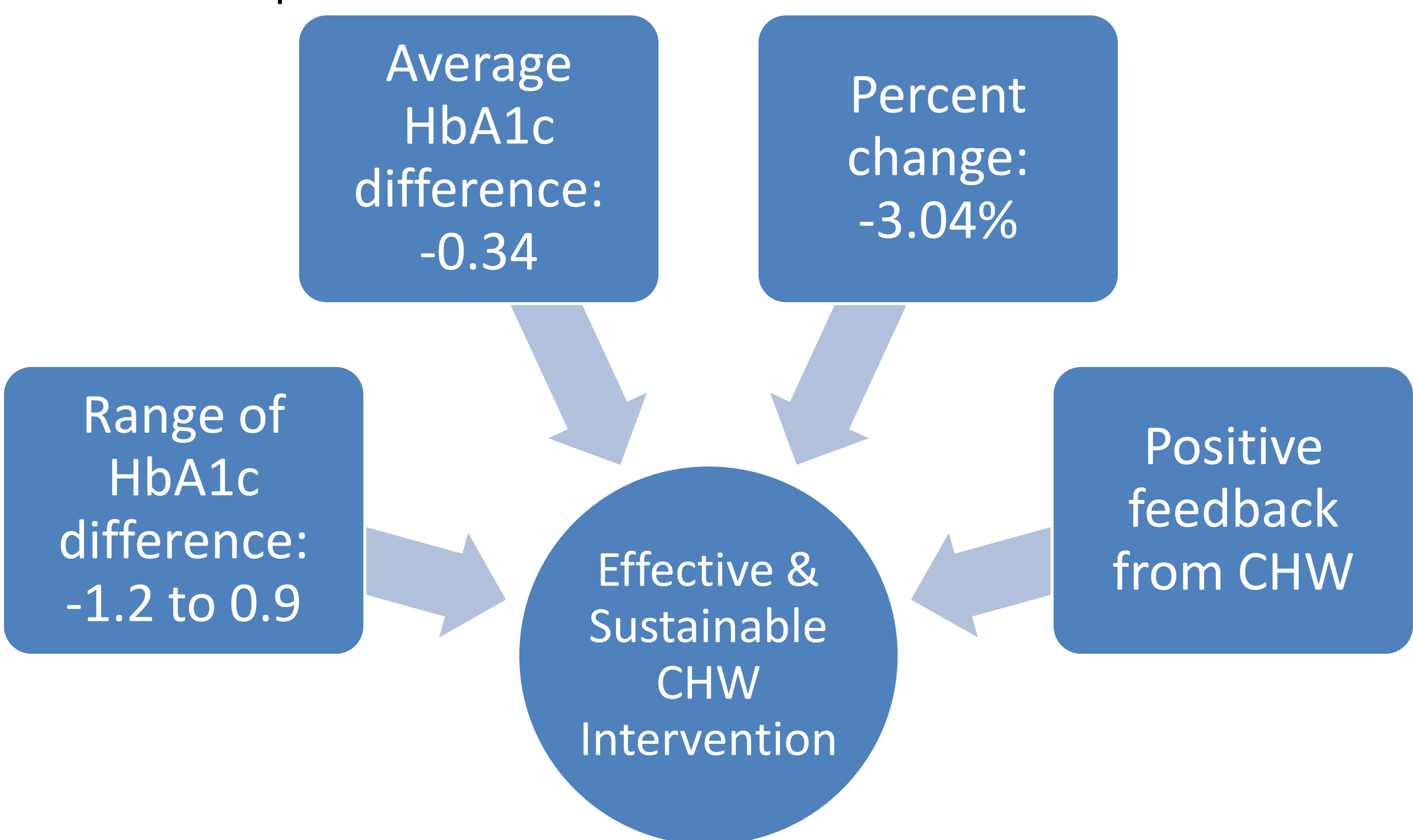
Meeting with providers and care teams to review new program and referral process

Implementation of three-month CHW intervention with regular meetings and EHR review for project tracking

Evaluation of project comparing HbA1c pre/post intervention and assess for sustainability

## EVALUATION

- Total of 27 adult participants with HbA1c > 9 and at least 2 CHW encounters during the three-month period
- 18 met criteria by obtaining the post intervention HbA1c during the project
- Pre and post HbA1c evaluated and CHWs were interviewed



## IMPACT ON PRACTICE

Organizational awareness and attention on the uncontrolled T2DM population, including outreach to connect patients back to care

Structured CHW led program to help educate, coordinate care, encourage self-management, and address barriers

Reduction of HbA1c in Underserved Communities

Provider engagement and CHW empowerment to effectively supplement primary care visits and act as part of care team to better support patients

CHC met strategic goal of reducing rate of T2DM patients with HbA1c > 9, further supporting long-term commitment and expansion of intervention

## LITERATURE REVIEW

### Provider/Practice Barriers to Diabetes Management

- Provider Shortages
- Time of visit
- Lack of training or support

### Role of CHWs in Primary Care

- Improved health disparities & outcomes
- Cost-effective

**Databases:** CINAHL, Cochrane Database, and MEDLINE. **Keywords:** T2DM or Diabetes, Diabetic Management, Barriers, Community Health Workers, and Primary Care. **Results:** 23 resources included and reviewed.

### Patient Barriers to Diabetes Management

- Poor knowledge
- Lack of access
- Unmet social needs

### CHW Led Interventions in Diabetes Management

- Improved HbA1c
- Reduced healthcare costs
- Increased self-management

## CONCLUSIONS

### Patient Results Supporting Project

67% of participants had a decrease in HbA1c

3 participants had over a 1-point decrease in HbA1c

### Presumed Project Benefits

Reduced provider burden with improved patient outcomes

Long-term empowerment of CHWs to provide wrap-around services

### Future Recommendations

Longer intervention window or length of long-term follow up

Compare results across different communication platforms

## LIMITATIONS

- Pandemic Related: Staffing shortages impacting time and commitment of CHWs, scheduling changes for patient visits, dependence on telephone communications
- Shortened project window impacted the number of participations and ability to follow HbA1c over time

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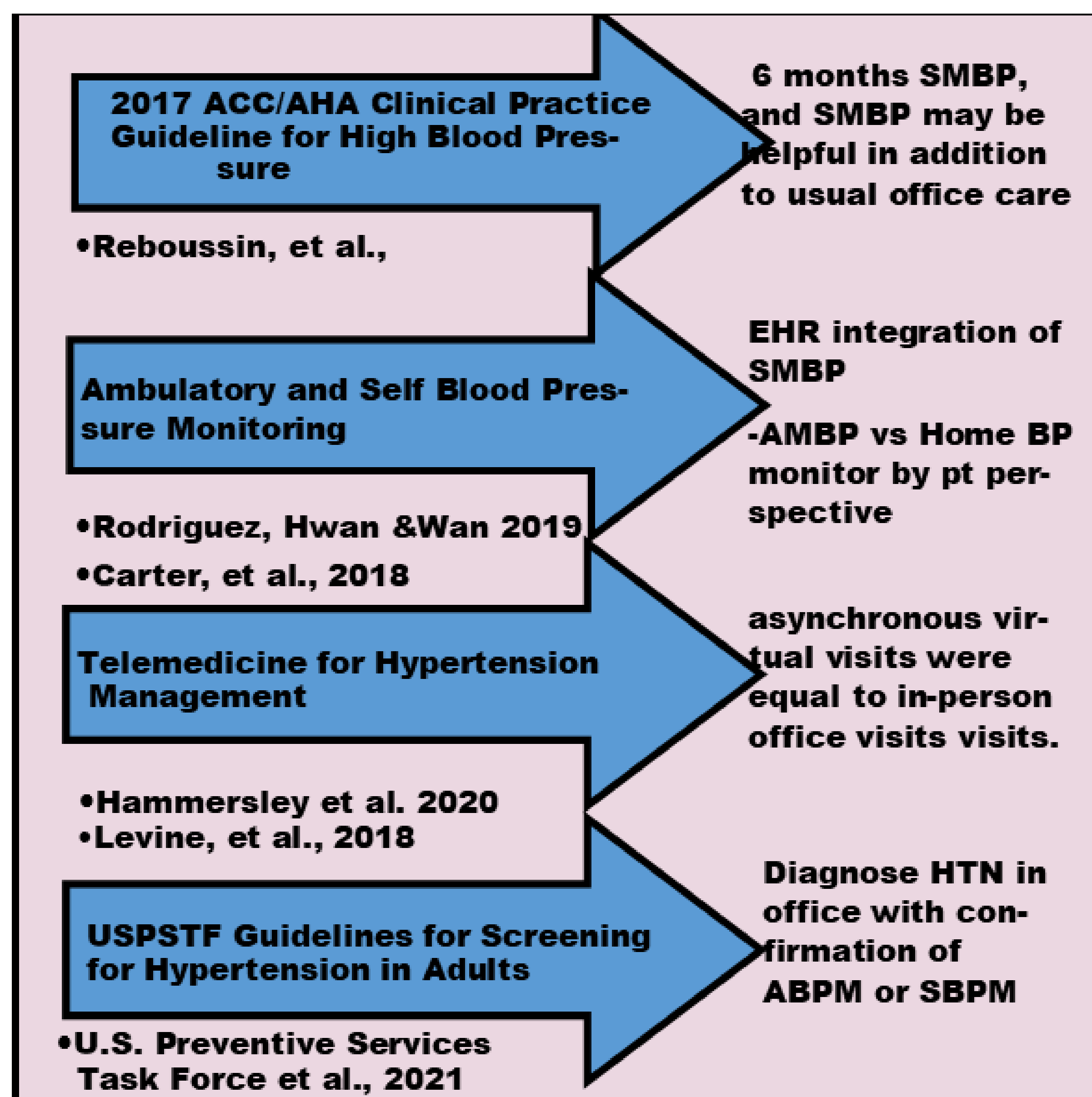
# Hypertension Management in Primary Care Using Target:BP

Hollie Yoder, MSN, APRN, FNP-BC  
Southern Illinois University Edwardsville

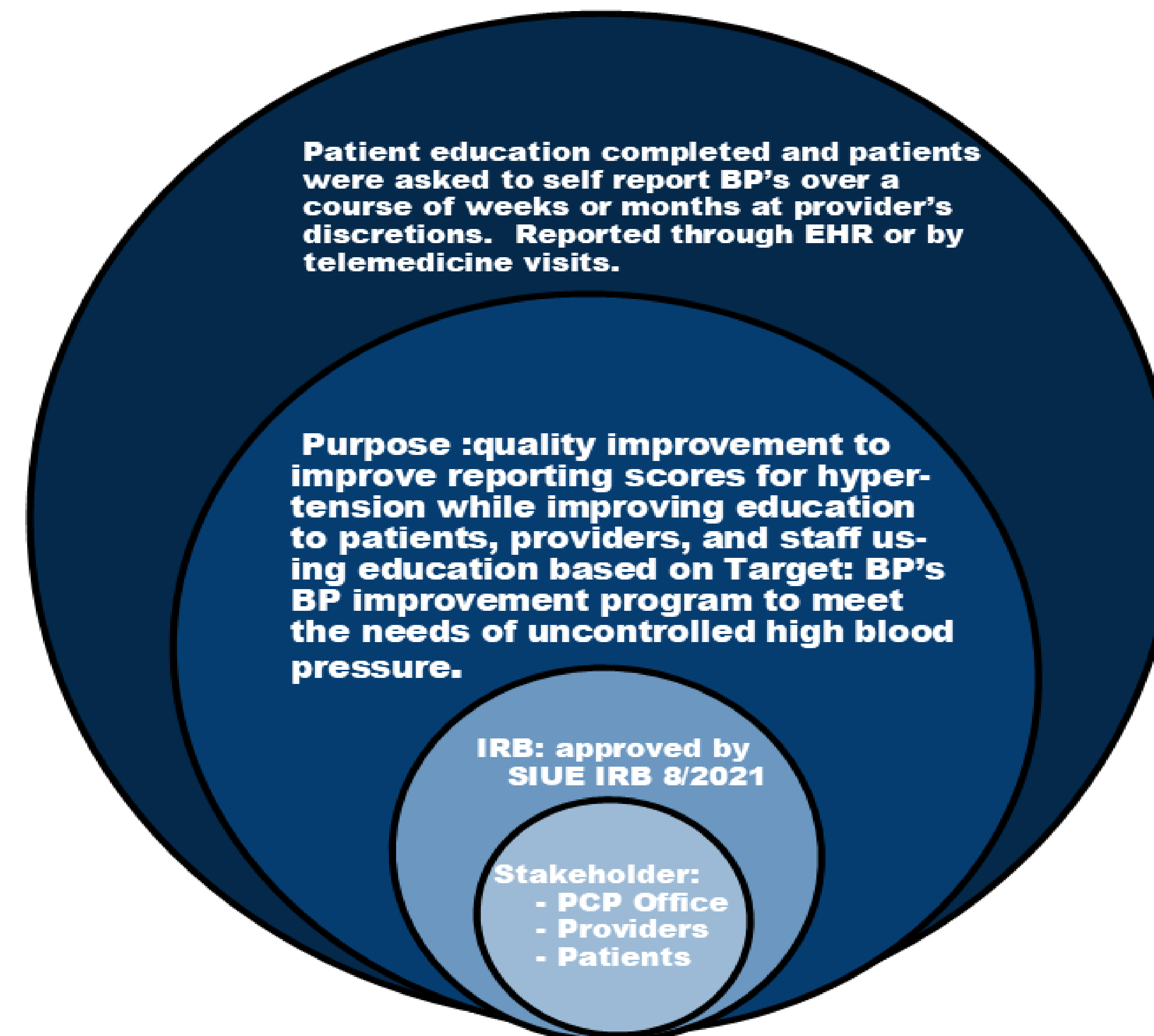
## PROBLEM INTRODUCTION

- Primary care visits with a primary diagnosis of essential hypertension are as high as 32.8 million
- Hypertensive disease is a global problem, with morbidity of the disease reported at 49.6% in adults aged 20 and over in 2017-2018
- Primary care provides a prime opportunity to deliver high-quality disease prevention and health promotion to the community it serves
- MIPS Clinical Quality Measure, Quality ID #236 (NQF0018), is Controlling High Blood Pressure.
- A goal of this quality improvement project is to meet these standards and improve quality of care for patients with high blood pressure
- Utilizing Target:BP program by AHA/AMA to give provider education

## LITERATURE REVIEW

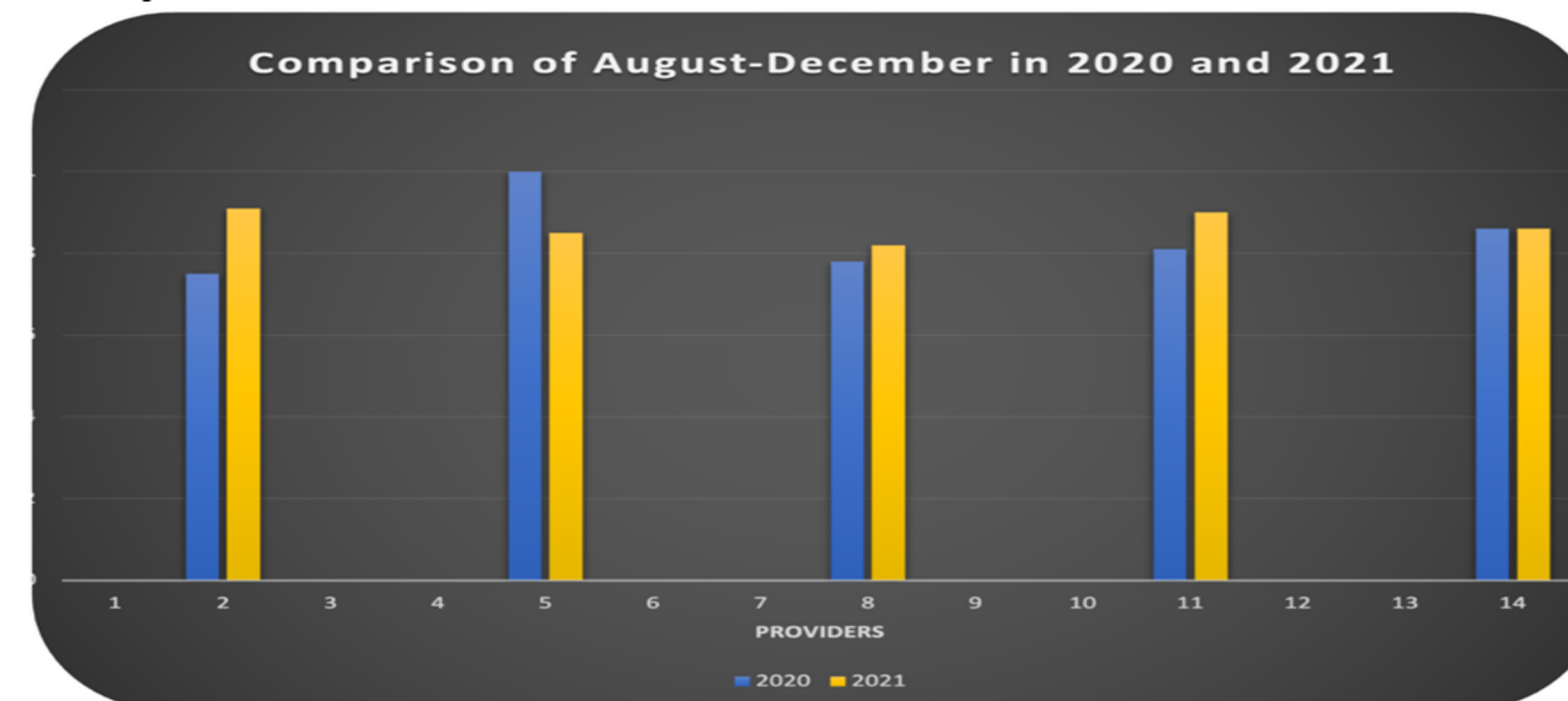


## PROJECT METHODS



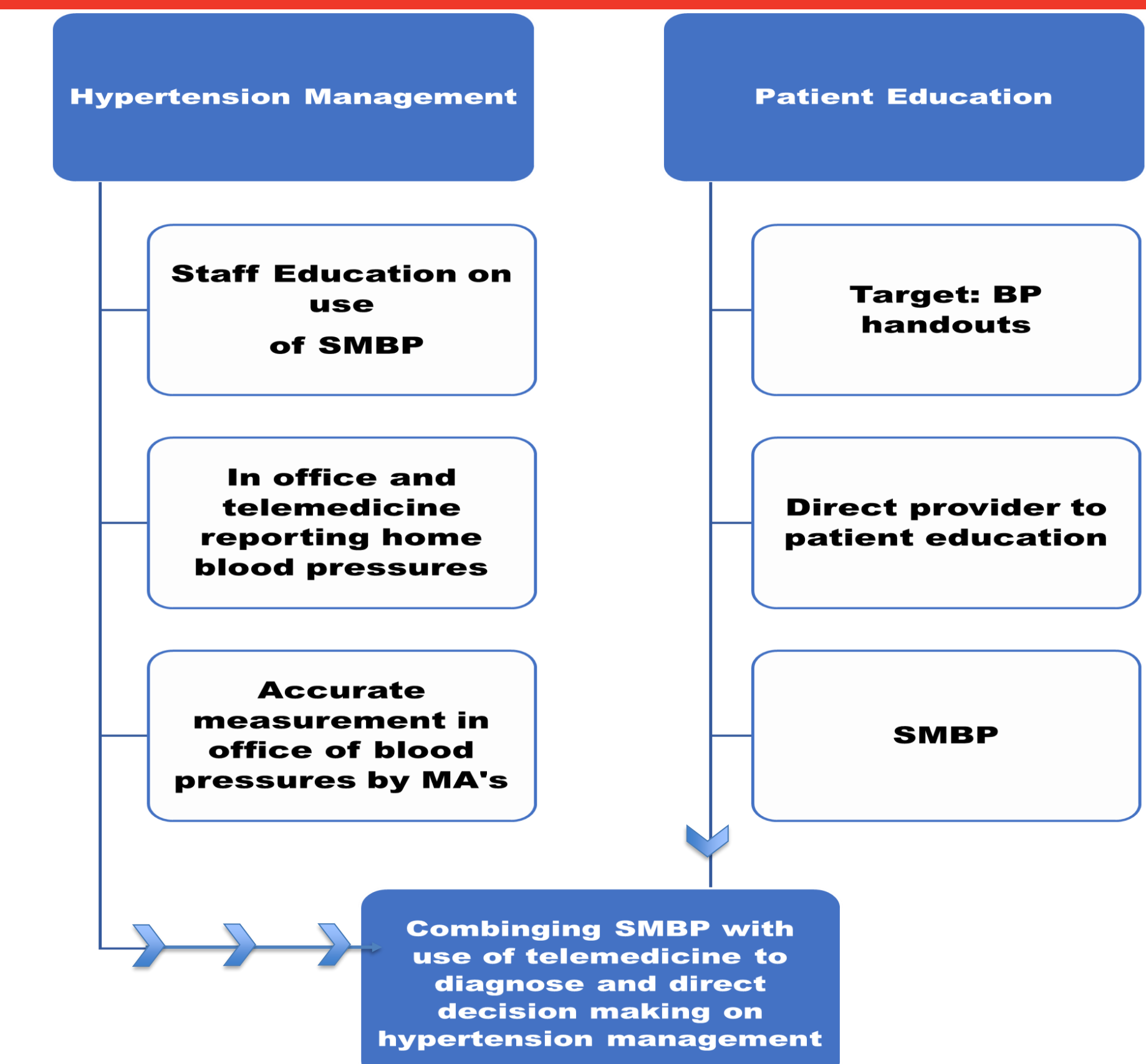
## EVALUATION

- The Medical Group's internal reporting scores for providers did improve overall for the MIPS Clinical Quality Measure, Controlling High Blood Pressure (Center for Medicare and Medicaid Services, 2020).
- Scores are reported as the number of patients that qualify for the measure and then the percentage of those patients seen by the provider that month that met the measure of BP management <140/90.
- The PI evaluated the average percentage of the five months for each provider in 2021 and then compared it to the average percentage of the same five months for each provider in 2020.
- Only one provider had a higher percentage of patients at goal in 2021 than in 2021 prior to the quality improvement project being implemented, and one showed no impact.
- The overall average improvement from 2020 to 2021 was 2.8% for all providers.



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## IMPACT ON PRACTICE



## CONCLUSIONS

- Current guidelines and evidence support telemonitoring as an effective method to monitor and manage hypertension in primary care.
- Implementing the BP Improvement Program by the American Heart Association/ American Medical Association's Target: BP website provided an educational focus for hypertension management while improving care to the target patient population.
- Target BP's program utilizes evidenced-based protocols, including correct measurement of blood pressures in office and patient-measured blood pressures at home for diagnoses and management.
- By implementing a team-based approach, using evidence-based guidelines for treatment of hypertension, patient outcomes improved.
- Findings from this quality improvement project resulted in improved hypertension management improved and practice BIC scores improved as well.

## Target:BP handout

